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Lived experiences of supervision within the assistant psychology pilot scheme – an exploratory study

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**Lived Experiences of Supervision within the Assistant Psychology Pilot Scheme – An
Exploratory Study**

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UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

Thesis submitted to the University of Limerick in fulfilment of the requirements for the
Doctorate Programme in Clinical Psychology (Ph.D.)

Declaration

I declare that this thesis is entirely my own work, other than the counsel of my supervisors, is an accurate reflection of work, and has not been submitted as part of another degree at the University of Limerick or any other academic institution

Jenny Gavin

12/11/20

Jenny Gavin

Date

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Abstract

Introduction: Research has highlighted the different ways in which supervision can facilitate skill acquisition and development. It also demonstrates the impact of poor supervision processes. However, existing literature focuses primarily on experiences of trainee psychologists. The current study aimed to explore the subjective lived experience of clinical supervisors and assistant psychologists being supervised within the pilot assistant psychology scheme in Ireland. The present study attempted to address the gap in the literature, highlight lived experiences, identify what is working well, unmet needs and challenges.

Method: A qualitative design was utilised involving the completion of semi-structured interviews with participants. The researcher interviewed eight individuals, four were clinical supervisors and four were assistant psychologists. Interviews were audio recorded and transcribed verbatim for analysis.

Results: IPA was the chosen methodology for this research, and the analysis revealed a number of superordinate and subordinate themes for both groups. The superordinate themes for the clinical supervisor group included “Journey of Growth”, “Sense of Responsibility”, and “Challenges. The superordinate themes for the assistant psychology group included “Good Supervision” and “Negative Psychological Consequences”.

Discussion: The study succeeded in addressing several gaps in the supervision literature. It provided greater insight into the experiences of clinical supervisors and assistant psychologists’ working within the pilot scheme. The results are discussed in relation to existing relevant literature, the study strengths and weaknesses are delineated, and several implications for clinical practice, education, training and future research are presented.

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Chapter One: Introduction

“When done well, clinical supervision is key to the thriving and future success of up-and-coming practitioners. Under the wings of a trusted, knowledgeable and competent supervisor, a novice therapist's intellectual understanding transforms into real-life interventions that can profoundly affect others' lives for the better”

(DeAngelis, 2014)

1.1 Overview of Present Study

Research has indicated that supervision has a positive influence on the supervisee, by which they can advance and develop (Wheeler & Richards, 2001). Research has also demonstrated that supervision has a certain level of impact on the main developmental areas, skills acquisition, self-awareness and self-efficacy.

The main aim of education and training programs in psychology is to train and guide psychologists to become capable and skilled practitioners in the delivery of psychological services. Supervision is then in essence a keystone in the training of health psychologists (Falender & Shafranske, 2004).

Historically, supervisory competency has been presupposed, with limited consideration given to delineating the definition, assessment and appraisal of the competence base of the supervisor (Bernard & Goodyear, 2014; Falender & Shafranske, 2013). This presupposition has weakened the recognisable requirement for the training of supervisors. Defining the practices and procedures which are in line with competent and effective supervision can aid and expedite the delivery of quality services by those under supervision and reduces the possibility of harm to supervisees and their clients (Ellis, et al., 2014)

A competent supervisor is characterised by an ability to have and retain knowledge, skills, ethics and outlooks which encompass the clear professional competency of clinical supervision in addition to the typical competencies in the domain of clinical practice with supervision and with sensitivity to cultural differences (APA, 2014). The American Psychological Association (APA) guidelines characterised competency-based supervision as “a meta-theoretical approach that explicitly identifies the knowledge, skills and attitudes that comprise clinical competencies, informs learning strategies and evaluation procedures, and meets criterion-referenced competence standards consistent with evidence-based practices

(regulations), and the local/cultural clinical setting (adapted from Falender & Shafranske, 2007)” (APA, 2014, p. 5).

The guidelines aim to improve the quality of supervision that psychologists are delivering, supports the progression of competence, and guarantees officials that high quality supervision is important and is being delivered. The guidelines focus on seven distinct domains pertaining to effective, quality supervision outlining necessary requirements within each domain. These domains include, supervisor competence, diversity, the supervisory relationship, professionalism, assessment/evaluation/feedback, problems of professional competence, ethical, legal and regulatory consideration (American Psychological Association, 2014).

In 2018, a new paid grade for AP’s was implemented and 114 Assistant Psychology (AP) posts were made available in the area of primary care psychology services. These posts received €5m funding from the Government, with the aim of delivering the Government’s commitment to develop early intervention mental health services for those under the age of 18 years. It was the also the objective to aid in reducing wait lists, allowing timely access to primary care psychology services, promoting good mental health and to ease the burden placed on the Child and Adolescent Mental Health Services (CAMHS). All 114 AP will be supervised by a fully qualified clinical psychologist (Department of Health, 2018).

Supervision is influential on the main developmental areas of the supervisee in the domains of skills acquisition, self-awareness and self-efficacy. Based on developmental theories of supervision, supervisees are likely to be at different levels of development and progression within different domains of practice. For a supervisee to progress through the levels, acquiring new skills and knowledge, the supervisor needs to be sensitive to this and adapt their interventions and supervision accordingly. The AP grade within Ireland was newly established in 2018. As such, there is little in the literature exploring the experience of the supervisory process with this cohort. It is already well established that clinical supervision is a cornerstone in developing thriving and effective practitioners. It is from this perspective that the idea for this study was born.

The exploration of the supervisory process from the perspective of both supervisees (AP's) and supervisors (clinical psychologists) in order to identify what is working well and perhaps what needs remain unmet from both perspectives was considered the foci of attention of this study.

1.2 Thesis Structure

Chapter two will outline disseminated literature in the field of supervision and developmental models of supervision. Chapter three will explain the methodology with regards to research design, data collection and data analysis. Chapter four will provide an outline of the major findings of the research through an amalgam of illustrative quotes and interpretative observations. Chapter five explores the findings of the research within the context of literature outlined in chapter two. The strengths and limitations of the current study will be outlined in chapter five, in addition to the exploration of future directions and implications for practice, policy, and research.

1.2.1 Chapter Two: Literature Review

This chapter will begin by defining supervision within the context of psychology. It will then move on to describe and critique the primary models and theories of supervision. It will highlight national and internal best practice guidelines for the provision of supervision within psychology, with importance placed on the provision of supervision to novice psychologists and AP's. The experiences of supervision for both novice psychologists and supervisors will be explored accounting for the impact and outcomes that supervision can have on the client, the AP and the supervisor. It will end by providing context and a rationale for the current study.

1.2.2 Chapter Three: Methodology

This chapter will delineate the rationale supporting the research design and the methodological framework elected will also be considered. The process of participant recruitment, a description of the participant characteristics, a figure of the procedural stages, and the approach to data collection and analysis will be discussed. All identified ethical considerations pertaining to the reliability and validity of the study will be highlighted.

1.2.3 Chapter Four: Results

Chapter four will present an integrated picture of the findings from the eight interviews of the participants. The findings were conceptualised as reflecting the major themes and issues identified by the participants. Each issue will be explored individually, in combination with quotes from the participants and interpretative observations.

1.2.4 Chapter Five: Discussion

Once the finding of Chapter Four have been illustrated, Chapter Five will attempt to explain these findings within the context of the existing literature delineated in Chapter Two. It will examine the strengths and limitations of the study and move on to an exploration of the implications in relation to clinical practice, policy and the potential for future research. This chapter concludes with a summary of the study and reflections on the overall research process.

Chapter Two: Literature Review

2.1 Literature Review Strategy

Published articles relevant to the research topic were identified through a comprehensive search of the following databases: AMED, CINAHL, Web of Science, Cochrane Database, MEDLINE, General Science, APA PSYCArticles, APA PSYCInfo, Social Sciences Full Text, Google Scholar. Potentially relevant search items identified within the literature were searched for within the databases in an effort to yield relevant published articles. Search terms included various combinations of the following: Psychotherapy-based supervision, Integrated Developmental Model of Supervision, Supervision, Assistant Psychology/Interns, Clinical Supervision, Models of Supervision, Social Role Based Model, Developmental Theories of Supervision, Integrative Supervision, Best Practice Guidelines: Supervision, Psychology Society of Ireland, British Psychological Association, American Psychological Association, Experiences of Supervision, Impact of Supervision, Outcomes, Clinical Psychologist, Novice, Irish AP Scheme, Psychology, Psychologist. From the items yielded, titles and abstracts were reviewed with the most relevant articles to the current study selected for comprehensive reading and critique.

2.2 Defining Clinical Supervision

Norcross and his colleagues (2005) conducted a survey among members of the Society of Clinical Psychology, the survey suggests that 80% of the respondents were involved in psychotherapy practice, overall this accounted for 34% of the time spent in work. They also indicated that the role of clinical supervision was considerable, with 36% of independent practitioner's engaging in this professional role with even higher rates of clinical supervision observed in other sectors, for example 55% of university professors and 71% of hospital based psychologist's participating in clinical supervision (Norcross, Karpiak, & Santoro, 2005).

Given the high numbers of clinicians engaging in supervision it is important to have a good understanding of what supervision is within the context of psychology. Moreover, supervision is conceptualised as a vital cornerstone in preparing novice clinicians (trainees and AP's) through development of competencies, skill acquisition and knowledge for engaging in proficient professional practice (Falender, et al., 2004).

According to Milne (2007) clinical supervision can be defined as, " The formal provision, by approved supervisors, of a relationship-based education and training that is work-focused, and which manages, supports, develops and evaluates the work of colleague/s. The main methods that supervisors use is corrective feedback on the supervisor's performance, teaching, and collaborative goal-setting. It therefore differs from related activities, such as mentoring and coaching, by incorporating an evaluative component. Supervisors objectives are "normative" (e.g. quality control), "restorative" (e.g. encourage emotional processing) and "formative" (e.g. maintaining and facilitating supervisees' competence, capability and general effectiveness)."

Falender and Shafranske (2004), conceptualised supervision through a competency based lens. They delineate supervision as a distinct professional activity, cooperative in its nature, which encompasses observation, evaluation, feedback, assisting the supervisee to engage in self-assessment, the attainment of knowledge and skills by the means of instruction, modelling, and collaborative problem-solving. They posit that the activity of supervision guarantees that professional practice is competent and within ethical and legal bounds and standards, with the objective of enhancing and safeguarding "the welfare of the client, the profession and society at large" (p.3)

The definitions outlined above are widely accepted definitions of supervision in the psychology profession. With Milne's (2007) definition referenced in both the British Psychological Society (BPS) and the Psychological Society of Ireland (PSI) best practice guidelines for the provision of supervision in psychology.

2.3 Models of supervision

There is a plethora of approaches to supervision within the realm of psychology, the variety of approaches generally fit into two conceptualisations of supervision, conceptualisations derived from psychotherapy based theories and those established in an attempt to elucidate supervision itself, for example the social role based models of supervision and developmental models of supervision (Fleming & Steen, 2012). This section will delineate and critique the main theories under each conceptualisation.

2.3.1. Developmental Theories of Supervision

Developmental models of supervision are based on the change process of the supervisee as they progress through training, as the trainee or clinician progress from a novice to an expert. Generally, a novice would have limited experience and skills and lack a sense of self-efficacy in their ability as clinicians. Clinicians and trainees at the middle stage of the model exhibit more skills and self-efficacy; they may experience ambivalent feelings regarding the supervisor's sense of their independence and dependence. Supervisees who have progressed to the end of the developmental scale demonstrate a high level of problem-solving abilities and have the capacity to reflect about the process of supervision and the process of counselling (Haynes, Corey, & Moulton, 2003). Supervisors who utilise a developmental model of supervision in their work must correctly recognise what stage of development the supervisee is at and deliver feedback, advice and the necessary support based on that developmental stage whilst harnessing the supervisees advancement to the next developmental stage (Littrell, Lee-Borden, & Lorenz, 1979; Loganbill, Hardy, & Delworth, 1982; Stoltenberg & Delworth, 1987). This approach is known as "scaffolding" and facilitates the supervisee to employ previously accrued knowledge and skills to develop new learning (Schunk & Zimmerman, 2003). Towards the end of each stage the supervisee reaches a level of mastery, the supervisor progressively shifts the scaffold to integrate the knowledge and skills from the subsequent stage. During this process the supervisee not only develops new knowledge and skills but the relationship between supervisee and supervisor facilitates the cultivation of higher-level critical thinking abilities. The development model of supervision is not necessarily a linear pathway, a supervisee may be at a number of stages simultaneously, dependent on the demands or situation, for example, generally a supervisee may be at a mid-point stage of development yet demonstrate a lack of confidence when meeting a client for the first time.

Perhaps the most well renowned and widely used developmental model of supervision is the Integrated Developmental Model (IDM) of Bernard and Goodyear (2004). This model derived from Stoltenberg, C., (1981) and was defined by four stages of cognitive complexity which were modified from two other models, Hogan, R.A. (1964) and Harvey, Hunt & Schroeder, (1961). Hogan (1964) proposed that supervisees move through stages whilst Harvey, Hunt and Schroeder considered that as cognitive development changes so too does the capacity to think, reason and understand. These two models were merged, further developed and refined to establish the IDM (Bernard & Goodyear, 2004; Stoltenberg, McNeill, & Delworth, 1998).

The IDM is defined by four distinct stages which the supervisee advances through. Each stage is defined by distinct attributes and abilities. Notably, when a supervisee is faced with a novel encounter or challenge, they may lapse back to a previous stage of development, and skills and knowledge are again cultivated to manage the novel challenge. Each stage is defined by three features, self-other awareness, motivation and autonomy. The first feature, self-awareness highlights the amount of awareness the supervisee experiences in relation to their skills and behaviours, in addition to the insight they have of the client's difficulties and experiences. The second feature motivation is characterised by the supervisees interest and wish to avail of training in order to develop further. The third feature autonomy depicts the level of independence the supervisee demonstrates. In each of the four levels the supervisee engages with eight different areas; intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences (e.g. race, culture etc.), theoretical orientation, planning treatment and goals, and professional ethical awareness. The following table illustrates the four stages of development defined by the three features of self-awareness, motivation and autonomy;

Level	Overview of Stage	Self-Other Awareness	Motivation	Autonomy
Level 1	Limited training or experience in the specific domain of supervision (i.e. treatment planning, case conceptualization, etc.)	High levels of self-focus, with little self-evaluation, anxiety related to evaluation by supervisor, concerned with "doing it right"	Motivation and anxiety are focused on acquisition of skills. Want to know the	High levels of self-focus, with little self-evaluation, anxiety related to evaluation by supervisor, concerned with "doing it right"
Level 2	Transitioning for high levels of dependence and imitative forms of counselling. Beginning to respond to the highly structured supervisory practices of Level 1. This usually occurs after two to three semesters of supervised work.	Increased ability to focus on client and exhibit empathy. Still struggles with balancing focus on self and client. May become confused and enmeshed with client	Fluctuates between high levels of confidence, feelings of incompetence, and confusion	Vacillates between autonomy and dependence. This may manifest in the form of resistance
Level 3	Beginning to develop a personalized approach to counselling. Understands and utilizes "self" in therapy.	A different type of self-awareness emerges. Demonstrates the ability to stay focused on client while attending to personal reactions and responses to client. This ability is utilized in decision-making about the client	Consistent as confidence increases, may still exhibit some self-doubt, but the doubt has less impact on ability to proceed	Solid belief in own judgment, and skills. Supervision becomes more of a consultant and increase collegiality is exhibited
Level 3i (Integrated)	The supervisee has reached Level 3 across multiple domains. A personal style of counselling has emerged, and the supervisee demonstrates high levels of awareness regarding personal competency.			

Table 2.1 IDM model of Development (Salvador, 2016)

The attractiveness of the IDM is within the process of incremental development, as the supervisee develops and transforms and their knowledge base increases, they demand an adapted and changed supervisory approach to reflect the supervisees progression. Moreover, the model explicitly highlights the approaches and adaptations to the supervisory process

required at each level. At level 1 the supervisor must afford structure and promotes the early development of autonomy, in conjunction with containing anxiety and representing themselves as a role-model for the supervisee. At level 2 the supervisor must promote heightened autonomy and risk-taking, whilst affording the supervisee reduced structure. Within level 3 the attention is transferred onto establishing personal and professional integration, as the supervisor monitors for reliable and stable performance, recognising and highlighting deficits and enhancing the professional identity of the supervisee (Fleming and Steen, 2012). More importantly, the structure of the IDM is not entrenched in any specific psychological theory, ensuring that it can be employed by diverse supervisor approaches.

It must be acknowledged that within clinical supervision, power is an essential aspect of the supervisor-supervisee relationship. The supervisors and supervisees' roles are established in a power hierarchy in that supervisors are accountable for managing and facilitating their supervisees' professional development and competence as is evident within the IDM model (Barnes & Bernard, 2003; Fine & Turner, 2002; Holloway, 1995). A downfall of the IDM model is that it does not account very well for the influences of power differentials within the supervisory and how power differentials may come into play within three domains and four levels of development. Furthermore, it does not account for how the role of power may change as the supervisee develops and progresses through the developmental levels.

Whilst there is over 10 years of research behind the IDM, critics of the model have argued that it is limited in empirical support, with only a few longitudinal studies carried out to ascertain its reliability (Fleming and Steen 2012).

2.3.2 Psychotherapy-Based Supervision Models

Psychotherapy-based models of supervision are regarded as a natural extension of the therapy. The primary assumption of psychotherapy based models is that techniques which are helpful in bringing about change in a client will also be helpful to bring about change in the supervisee (Papile, 2013). According to Falender and Shafransk (2008) the theoretical orientation of the supervisor and the model of supervision selected will determine what clinical information is discussed during supervision. As a result, different models of psychotherapy-based supervision will vary in their style. Some examples of psychotherapy-based approaches to supervision include psychodynamic (Frawley-O'Dea & Sarnat, 2001);

person centred (Tudor & Worrall, 2006); cognitive (Safran & Muran, 2001), cognitive-behavioural (Rosenbaum & Ronen, 1998); and narrative (Bob, 1999).

Within the psychodynamic approach to supervision, attention is placed on affective reactions, defences, transference and countertransference. Frawley-O'Dea and Sarnat (2001) have categorised the psychodynamic model of supervision into three primary domains, patient-centred, supervisee-centred and supervisory-matrix-centred. The patient-centred category views the supervisor as an unattached expert whose primary role is to assist the supervisee in recognising and treating the client's information, there is limited attention placed on the processes between supervisor and supervisee. The supervisee-centred category places importance on the content and process of the experience of the supervisee within the therapy, as the supervisor maintains an unattached expert role yet adopting a more experiential approach (Falender and Shafranske, 2014).

The supervisory-matrix-centred category focuses on the information of the client and the supervisee, and accounts for the supervisor and supervisee process (Smith, 2009). In essence, the process of supervision is therapeutic, attending to the intra and inter-personal dynamics of the supervisee (Bradley and Gould, 2001).

Celano and his colleagues (2010) posit that the therapeutic alliance is a significant conduit for change which is used in a proactive framework for the purpose of intervention (Celano, Smith, & Kaslow, 2010). Newman (2010) conceptualises the therapeutic alliance as essential for the initiation and support of the therapeutic work as opposed to being the main conduit of change.

Interpersonal skills are necessary to enhance the collaborative empiricism required in cognitive behavioural therapy and to assist with behavioural experiments and ultimately, change. Boswell et al., (2010) have combined both these perspectives in contemplating the influence that the working alliance has on the application of strategies in addition to offering "transformative and corrective experience". The role of self-reflection is crucial for addressing tension within the therapeutic alliance. It is not explicitly evident however, what the exact approaches that are used to attend to tensions, ruptures and vulnerabilities in the therapeutic relationship. Sarnat (2010) implies that the act of modelling and fostering attunement towards powerful affective states is a competency linked to this. Celano and his colleagues (2010) attend to therapeutic impasses by promoting self of the therapist work,

whilst Farber (2010) posits that experiential awareness secures attempts to react to relationship difficulties with empathy.

The practice of reflection is a crucial competency within psychotherapy based supervision and is involved in all aspects of psychotherapy. Belar (2009) postulates that reflective practice, in addition to all other competencies must be considered within the context of other related competencies and informs appropriate behaviour pertaining to the alliance, ethics and code of professional conduct. It is argued that the art of self-reflection in action, metacognition and metacompetence can prove challenging for novice clinicians.

The developmental level of the novice clinician is considered in all psychotherapy based models when deciding on the type and time of supervisory intervention. Celano and his colleagues (2010) postulates that the nature of difficulties faced by novice clinicians include negative interactions during sessions and highlighted the forms of supervision necessary such as role-play, demonstration, co-therapy and live supervision to attend to these difficulties. Newman (2010) detained a trajectory of skill attainment promoted by the assistance of the supervisor.

There are several strengths to the psychotherapy-based models of supervision. The facilitative states of empathy, warmth and a genuine nature in conjunction with confidence in the novice clinician's natural propensity to learn and grow are continuing and lasting contributions of the person centred approach (Bernard & Goodyear, 2004). Strengths of the psychodynamic approach to supervision encompass the appreciation of interpersonal dynamics within the supervisor/supervisee and supervisee/client alliances and the importance placed on the supervisory working relationship. Within the behavioural approach the flexibility of strategies including modelling, role-play, reinforcement, goal setting feedback, and increasing self-awareness prove to be significant strengths.

However, as the psycho-therapy based model of supervision posits the supervisory relationship and characteristics of this as a foundational element of learning and development for the novice therapist, this it is also suggestive that there are power differentials which are inescapable within the supervisory alliance. It is felt that the psychotherapy based models of supervision place an emphasis on the positive aspects the supervisor relationship without fully accounting for negative interaction and power differentials which are undoubtedly at play.

Within the context of supervision, psychotherapy-based models can underrate the educational requirements of the supervisee and does not adequately monitor the improvements of the clients or their welfare. Bernard & Goodyear (1992) argued that supervision is significantly diverse from therapy in that supervision requires a more educational component, evaluating the supervisee and providing instruction and guidance of this manner. Bernard and Goodyear (2004) warned that supervisors who depend solely on psychotherapy-based models of supervision may neglect valuable and vital pieces of information regarding the supervisee and regarding the variety and impact of the possible interventions they may incorporate to assist supervisees. A single lens perspective of supervisors may cause them to regard their supervisees in therapeutic terms as opposed to educational terms.

It is vital that the psychotherapy-based models of supervision employ a competency aspect of supervision, through which the necessary competencies such as knowledge and skill acquisition are operationally identified, approaches to assessment of the self and evidence based assessment are established (Milne, 2009) and a variety of learning techniques are utilised.

2.3.3 Social Role Models

The social role-based models of supervision have been acknowledged as foundational approaches in counselling and psychotherapy (Bernard and Goodyear, 2004; Pearson, 2001; Pearson, 2004). Social role-based models highlight the actions and expectancies related with the diverse roles that supervisors engage in when working with the supervisee (Bernard and Goodyear, 2004). The Social Role Models focus on the roles, tasks, foci, the process, and the functions of clinical supervision (Bernard & Goodyear, 2009). The supervisor is not limited to a single identity, but that the supervisor is obliged to meet the needs of the trainee via diverse professional stances or social roles.

One of the most prominent social role models of supervision is that of Inskipp and Proctor (1993; 2001). Inskipp and Proctor (1993;2001) postulated that supervision is the working alliance between the supervisor and supervisee within which the supervisee provides a comprehensive detail of their work, provide their reflections on it and acquire feedback and guidance from the supervisor. The aim of the alliance is to facilitate the supervisee to acquire ethical competence, assurance in their work, compassion and creativity to be able to provide

the client with greatest service possible. Inskipp and Proctor's (2001) social model of supervision is founded on the three primary functions of supervision delineated by Proctor (1987) as follows;

1. Formative (Educational) pertaining to the supervisee learning, acquiring skills and the development of a professional identity.
2. Normative (Managerial) pertaining to a faithfulness to professional standards and accountability, ethical and legal concerns, compliance with procedures and the implementation of professional standards of best practice leading which will ensure the well-being of the clients.
3. Restorative (Supportive) which acknowledges the emotional effects of the work on the supervisee and considers the appropriate psychological support and scaffolding which is necessary to provide professional support to the supervisee. The restorative role attempts to alleviate and moderate the emotional effects when working with clients who are in distress and enhance the psychological well-being of the supervisee (O'Donovan, Halfords, & Walters, 2011).

Given the premise of Inskipp and Proctors model that supervision is the working alliance between the supervisor and supervisee within which requires the supervisee to provide a detailed account of their work, for feedback and corrective action where necessary, the presence of power differentials within this structure is evident. Just as Proctor (2002) and others (Fine & Turner, 2002; Goldberg, 2001; Kuyken, 1999) described the therapist's power base within the supervisory alliance as stemming from various sources, including their socially sanctioned roles, expertise, and knowledge base; Dixon and Claiborn (1987), applied a social influence theory to supervision, identifying five individual sources or domains of the supervisor's power: expert, referent, legitimate, reward, and informational. All of these domains put clinical supervisors in a hierarchically superior position relative to their supervisees. It has been argued the working contexts of novice therapists brings with it greater levels of complexity, creating more acute and significant power differentials, for example, supervisees, unlike clients who can opt out of treatment, often do not have the option of discontinuing supervision or switching to a different supervisor when they feel that they are not getting what they need from supervision. Novice therapists often work in

contexts which mean they do not have a choice as to who they are supervised by (Bernard and Goodyear, 2014; Milne, 2006).

Perhaps more pertinent, clinical supervision particularly for early career psychologists entails an evaluative element, with the supervisor is ultimately responsible for ensuring that clinical competencies are attained. When competencies are not attained, the supervisor has is responsible for an vital gatekeeping role towards the professions (Bernard & Goodyear, 2014). As a result, whilst a supervisor may endeavour to create an atmosphere of safety and trust, in reality they monitor the novice therapists' clinical actions, evaluate performance, and impose corrective activities prior to confirming that the necessary competencies have been achieved. Hence, this makes novice therapists reliant on supervisors, establishing an inescapable power differential (Nelson, Barnes, Evans, & Triggiano, 2008). These processes describe processes which are encapsulated in Inskipp and Proctor's model and also within the IDM model of supervision, demonstrating that within the supervisory processes employed leaves the supervisee open to the harmful effects of power differentials.

According to Scaife (2009) supervision is "what happens when people who work in the helping professions make a formal arrangement to think with another or others about their work with a view to providing the best possible service to clients and enhancing their own personal and professional development." Scaife & Inskipp (2001) devised The General Supervision Framework based on a variety of social role models of supervision. The main characteristics of Scaife's (2009) model include safeguarding the welfare and wellbeing of clients, attending to the needs, experiences and professional development of the supervisee, occurs within the context of a formal alliance where there is mutual trust and respect and is characterised by a contract or agreement. Scaife's & Inskipp's (2001) model contains three elements, the supervisor role, supervision focus and supervision medium. Within the supervisor role the supervisor is responsible for enquiring and listening – reflecting and this function will fluctuate dependent on the task. The supervision focus pertains to actions related to the client's work, the supervisees knowledge and thinking and planning, or feelings and personal qualities. The supervision medium pertains to how exactly the supervision occurs, for example, is it via reported events, recordings, or role-play.

2.3.4 Integrative Approaches

Two examples of integrative approaches based on the social role based models will be discussed, Hawkins and Shohet's (2012) Seven-eyed Model, originally named the Double Matrix Model and Holloway's (1995; 2016) Systems Approach to Supervision (SAS). Hawkins and Shohet's (2000) Seven-Eyed Model acknowledges that the clinical supervisor utilises various roles or approaches at different time points, but it also accepts that the role or approach is probably most impacted by the specific focus of the work at the point in time. The Seven-Eyed Model is a process model which emphasises the need to address the process which arise during supervision and within the supervisor-supervisee and therapeutic alliances. Hawkins and Shohet referred to this as the "good enough" supervisor, referring to the object-relations concept of the "good enough" mother, indicating that one does not have to get it right all of the time or be perfect. Hawkins and Shohet (2012) postulated that a main and constant role of the supervisor is to afford the supervisee with containment. The Seven-Eyed Model of supervision endorses seven primary domains of focus for explorations during supervision, these are as follows; 1. Content of the therapy session 2. Supervisee's techniques and interventions with the client 3. The therapeutic relationship 4. The therapist's processes, such as countertransference 5. The supervisory relationship 6. The supervisor's own processes, such as countertransference to the supervisee 7. The broader context, such as the impact from systemic, organisation and professional elements.

Holloway's (1995; 2016) Systems Approach to Supervision model is integrative and far-reaching, with consideration of various elements which influence supervision. It conceptualizes the all-important relationship between supervisor and supervisee as consisting of several key dimensions, or systems, which interact, and together help create and maintain the supervisory relationship. Holloway (1995; 2016) argues that five systemic influences and alliances should be accounted for, as follows, 1. The supervisory alliance 2. The characteristics of the supervision 3. The characteristics of the organisation or institution where supervision takes place 4. The characteristics of the client 5. The characteristics of the supervisee. The first two factors are considered as direct or focal factors, while the other remaining factors are considered as indirect or contextual factors. The supervisory working alliance is considered to be the primary element which ties together these six interrelated factors of the supervision process and influences the supervisors development by providing the central learning environment in which supervisors are encouraged to be responsible for their learning through collaboration with their supervisors.

Holloway (1995; 2016) provides a task and function matrix as a means of conceptualising the process of supervision, within this the five primary functions are; 1. Monitoring and evaluating 2. Instructing and advising 3. Modelling 4. Consulting and Exploring 5. Supporting and sharing. The five tasks of the matrix include 1. Counselling skills 2. Case conceptualisation 3. Professional role 4. Emotional awareness 5. Self-evaluation.

The SAS model implies that supervisors who play particular supervisory functions or styles utilise particular combinations of power bases to achieve their purpose. Within the SAS model, the supervisory styles or functions and their associated power bases are thought to play a significant role of shaping supervisory working alliance, which then creates the critical context of supervisees' learning.

The systematic approach to supervision (SAS) model assumes that the supervisory relationship is the foundation for supervision. A number of supervisory features, such as supervisor functions, power, and diversity, are connected and shape this supervisory relationship into a context for supervisees' significant learning (Holloway, 1995). In this model, supervisors endeavour to develop an empowering and collaborative working alliance with their supervisees within which supervisors are responsible for guiding and facilitating supervisees' autonomous engagement in their learning. Holloway posits that this mutual working alliance allows for the best learning structure for supervisees.

Holloway's systems approach to supervision conceptualizes this all-important relationship of supervisor – supervisee, consisting of how the key dimensions interact and together aid in establishing and maintaining the supervisory relationship. She postulates that for clients, trainees, and supervisors, our decision-making and actions are always consciously or tacitly embedded within these systems. Understanding the dynamic interaction of the interdependent functions of each system is crucial to creating a strong and prosperous supervisory relationship (Holloway, 1995; 2016).

2.4 Supervision: Best Practice Guidelines for Assistant Psychologists'

Two main documents providing guidance on the supervision of AP's were identified; The Psychology Society of Ireland (PSI) Policy Document: Guidelines for the Employment of AP's (AP's) in Ireland (2014) and The British Psychological Society Practice (BPS)

Guidelines, Third Edition (BPS, 2017). This section will first briefly consider the BPS guidelines before narrowing its focus to the Irish context.

The BPS guidelines pertain to all AP's working in both paid and unpaid positions. It delineates in detail the expected activities of the AP and states the recommendations that can be used by the AP's to request or refuse a work task. The following activities include; research, audit and service evaluation; literature searches, developing and maintaining training packs, information leaflets, libraries of equipment, and other tasks necessary to the efficient running of the service; assessment of individuals and groups, for example, direct observations, formal psychometric testing, semi-structured interviews, and writing appropriate reports; delivery of interventions with individuals, groups and organisations; undertaking supportive work with carers, family members, employers, human resources professionals, team members, health staff and other professionals; delivering training for other professionals (if and when competent to do so); or promoting applied psychology services by providing relevant information to referrers, commissioners and others.

Perhaps just as important the guidelines also outline the activities which an AP should not be employed to undertake, which adds an additional layer of protection to the AP and those who supervise. These activities are as follows; substitute for qualified applied psychologists; or undertake solely administrative or clerical duties for which a clerical assistant should be employed. Whilst the guidelines are clear in their scope of the role of an AP, it does not make explicit the balance of workload of administrative duties to clinical duties which would constitute a clerical assistant role versus an AP.

The guidelines stipulate that measures should be put in place by organisations to ensure that no AP is responsible for designing materials or processes which have the potential to harm an individual, group or organisation. They state;

- An AP should carry out only prescribed interventions with individuals or in groups and should write reports only when under close supervision of the primary, qualified psychologist.
- When an AP is called to give evidence in a legal setting the qualified psychologist remains responsible for the professional quality of the assistant's work.
- An AP should not undertake tasks in areas where there is not a competent supervisor.
- An AP should not carry out the duties of a care assistant. The managing or supervising psychologist has a responsibility to ensure that AP's are not given work to do that is over and above their level of competence.

Whilst the guidelines are not overly expansive, they are clear in the limitations of the role of an AP, this provides safety and security to all parties involved, to the AP, supervisors, organisations and most importantly the client.

Comparatively, the PSI's 13 page document on the role, responsibilities, limitations and entitlements for AP's is far more comprehensive and all encompassing. It delineates eight main areas for consideration as follows; 1. The role of the AP 2. Career Development 3. Accountability, Governance and Supervision 4. Responsibilities of AP's and Supervisors 5. Formal Induction 6. Voluntary AP Positions 7. Advertising and Recruitment 8. Grievances.

The guidelines state that the work and role of the AP must be appropriate to the skillset of a graduate psychologist. AP's can expect to be responsible to the following duties;

- Assisting supervisors to carry out prescribed interventions with individuals' groups
- Assessments of individuals or groups such as direct observation, formal psychometric testing, semi-structured interviews and report writing
- Supportive work as required
- Assisting supervisors with training other professionals
- Research, audit and service evaluations
- Promoting the role of psychological services
- Maintenance of equipment necessary to the running of the psychological service
- Literature searches, presentations and contributing to articles for publication

The PSI guidelines highlight that AP's should utilise the position as a steppingstone for further career development, it emphasises the necessity to develop skills and knowledge to progress onto professional training programmes. The guidelines go on to acknowledge the precarious position that AP's may find themselves in and their need to secure references from supervisors. It emphasises the powerful power dynamic which can occur in the supervisory relationship and warns supervisors to be mindful of their role within this context.

With regards to accountability, it is made clear that an AP must be accountable to a qualified psychologist and received appropriate supervision from a supervisor who has ideally received training for the role of supervisor. It highlights that ultimately the supervisor is accountable for the work of the AP. There must be a minimum of four hours supervision a month, and it is advised that this corresponds to one hour of supervision per week and an agenda for supervision should be drawn up each week.

The primary role of the AP within the guidelines is that it is the responsibility of the AP to carry out tasks specified in their job description with due care and diligence, contrastingly the responsibilities of the supervisor is far more comprehensive including;

- Ensuring the AP has appropriate formal induction training
- Adequate professional supervision is maintained for the duration of the AP's contract
- They are aware of the interpersonal impact that clinical duties have on their AP's and provide them with the appropriate levels of support for this (O'Callaghan & Byrne, 2011)
- The AP is observed, and feedback provided
- written performance appraisals should be maintained addressing the AP's performance to date and future goals
- There is an appropriate grievance procedure in place within the organisation
- AP's are not assigned to tasks that are over and above their level of competence, for which they are unqualified.

The guidelines are also important in acknowledging the role of voluntary positions and highlights the importance of remuneration via alternative means where possible and stipulates that voluntary AP's should not be subject to full time working hours or contracts of over a year. It provides strict criteria for advertising for the role of an AP, which one would hope would ensure clarity around the specific position and requirements of the postholder. Finally, it highlights the grievance processes for the AP and their right to access the same employment rights as other short term employees.

2.5 The Impact of Supervision on the Supervisee

It is important to note that this section focuses primarily on the experiences of students engaged in doctoral training. There is a plethora of data pertaining to the experiences of supervision within this cohort and whilst the current study focuses on the experience of AP's there is limited research published exploring the experiences of AP's and supervision. This section will briefly outline the possible impact of supervision primarily on trainees as novice therapists before considering the information available focusing on the experience of AP's.

Research has indicated that supervision has a positive influence on the supervisee, by which they can advance and develop (Wheeler & Richards, 2001). Research has also demonstrated that supervision has a certain level of impact on the main developmental areas, skills acquisition, self-awareness and self-efficacy.

Tyron (1996) employed a longitudinal approach to examine the development of the supervisee over the course of one year of training. 56% of the trainees demonstrated

increased self-other awareness scores across the year, suggesting that supervision can positively enhance the self-awareness of the supervisee. 52% demonstrated continued score increases on the dependency-autonomy scale, however, a mere 13% demonstrated progressive scores for motivation.

Borders' (1990) examined supervisees' perceptions of their own development over the course of their first semester of clinical practice and demonstrated that supervisees reported a more consistent and reliable use of acquired skills and knowledge in their work with clients as a result of supervision. Supervisees demonstrated significant increases in self-awareness, dependency/ autonomy and theory/skills acquisition. These results suggest that as a result of supervision, supervisees perceived themselves as more aware of their own motivations and dynamics, they were less preoccupied regarding their performance during a session and were less dependent on their supervisors for direction and support.

A study conducted by Cashwell and Dooley (2001) used a quantitative approach to examine their hypothesis that counsellors engaging in supervision would exhibit higher levels of self-efficacy than those not engaging in supervision. They used the Counselling Self-Estimate Inventory (COSE) with 33 participants, 22 who were receiving supervision and 11 who were not receiving supervision. The results were statistically significant and suggested that those receiving supervision did exhibit higher levels of self-efficacy than those not engaged in supervision. Although the small sample size is a notable limitation of the study.

Moreover, research has also demonstrated that psychologists' opinions and attitudes regarding the worth and benefits of supervision training are affected by the own personal experiences. Genuchi, Rings, Germek, & Cornish, (2015) and Rings, Genuchi, Hall, Angelo, & Cornish, (2009) demonstrated that clinicians who received clinical supervision training are more inclined to affirm the importance of that training. This indicates that those who receive formal supervisory training and then go on to supervise, lead to better equipped supervisors and perhaps heightens the worth and value attached to training.

A meta-synthesis conducted by Wilson, Davies, & Weatherhead (2016) aimed to synthesise qualitative studies, exploring supervision for trainee therapists and the role of supervision in their development. The analysis drew upon the experiences of 165 participants across 15 studies. From this analysis, four primary concepts were identified; supervision as a learning opportunity, the supervisory relationship, power in supervision and the impact of supervision.

Within the concept of supervision as a learning opportunity, feedback from supervisors was thought to enable participants' learning, and encourage their development (Worthen & McNeill, 1996). The opportunity to learn and develop through observation of supervisors was also extremely important to participants. Moreover, the opportunity to reflect on supervision was also pivotal for learning opportunities and often allowed the learning process to extend beyond the supervision session.

The supervisory relationship was discussed in both positive and negative terms. It was deemed to be "the most pivotal and crucial component of good supervision experiences...was the quality of the supervisory relationship" (Worthen and McNeill, 1996, p. 29). The more negative aspects of supervision were often discussed in terms of power. This was expressed through experiences of being dismissed, or supervisors exploring their own agenda and plans.

Participants expressed the impact of supervision on both a personal and professional level. They discussed a sense of being "affirmed, validated, and respected" when supervisors reacted positively to their identities (Burkard et al., 2009, p. 182). When supervisors normalised the participants feelings there were feelings of "comforting" and "reassuring", this aided an increase self-efficacy in their work with clients" (Folkes-Skinner et al., 2010).

Similar to Worthen and McNeill's (1996) findings pertaining to power, it has been argued by others that power dynamics in supervision is one of the factors that can have a crucial impact on the process and outcomes of clinical supervision (Barnes & Bernard, 2003; Norton & Coleman, 2003).

A study conducted by Murphy and Wright (2005) found evidence of the positive use of power within supervision, exhibited through the interpersonal and instrumental elements of supervision, including supervisors encouragement of autonomy and providing guidance. Interestingly, the ability to explicitly identify power as real and present was only done so by one supervisee, all other participants spoke of power indirectly. It could be argued that part of what makes power potentially harmful is that it is frequently hidden or made invisible by individuals who hold it (Goldberg, 2001; Proctor, 2002). Mangione, Meares, Vincent, and Hawes (2011) found that in a study of 12 female supervisory alliances in which supervision was informed by a feminist perspective, all the supervisees acknowledged the issue of power, yet only half of the supervisors did so. The research states, "it was the supervisee who initiated talking, usually when there was a problem, and in general the supervisees seemed more aware of and articulate about the power differential". This demonstrates that power is a very relevant and salient factor for the supervisee's experience of supervision, yet it is rarely explicitly addressed.

Aspects of power within supervision were highlighted in Wilson et al., (2016) study. Within the study, participants experiences and the subsequent impact of the power differential seemed to be more substantial and prolific than other facets of the supervisory relationship. They state that negative supervision events frequently focused on aspects of power, including dismissing participants' thoughts and affective states, or supervisors exploring their own agenda. A study conducted by Johnson and Milne (2012) aimed to conceptualize, from the perspective of the supervisee, the receipt of clinical supervision. Participants included 7 female trainee clinical psychologists who were interviewed about their experiences of supervision within a cross-sectional, qualitative design. The results demonstrated that supervisees were not open and honest with supervisors about their needs when they viewed the supervisory relationship as weak and unsafe. A lack of safety was felt from inconsistent supervisors, with limited or overly critical feedback. The authors argued that a weak supervisory relationship was perceived to be intensified by the inherent power differentiation connected to the evaluative process of supervision with one participant stating "It's intrinsically quite a threatening process to go into; to be honest and open so that you can benefit, but doing that with the person that's your judge and executioner."

It has been argued that more novice supervisees' status, such as assistant psychologists, and the limited experience of supervision they have may cause them to be even more vulnerable to the detrimental effects of inappropriate uses of power in supervision (Ellis, 2010; Olk & Friedlander, 1992).

2.5.1 Impact of Supervision for the Assistant Psychologist

Previous studies have indicated that AP's receive insufficient training, supervision and support but are hesitant to highlight this or to make complaints regarding their working environment due to a fear of endangering their prospects and future careers in what is widely accepted as a competitive discipline (Harper and Newton, 1988; Harper, 1990; Rezin and Tucker, 1998). Rezin and Tucker's (1998) large scale study demonstrated that 80% of AP's in the United Kingdom were experiencing feelings of overburden in their workloads and felt isolated within their role. Contrastingly, Gallagher and Brosnan (2001) discovered from a UK sample, that participants were satisfied with the quantity and quality of supervision and support they received.

A more recent study conducted by Smith (2006) explored the relationship between AP's and their clinical supervisors, revealing difficulties with structure, access and power

dynamics. Additionally, the role of the AP has historically been poorly defined, yet the recent comprehensive PSI guidelines should hopefully mitigate some of these issues within an Irish context, it is not yet clear whether this is the case (Rezin & Tucker, 1998; Taylor, 1999).

Whilst much of the research within this area has been conducted within the UK a study carried out by Hughes, Campbell, and Byrne (2015) focuses on the AP's experiences, quality of experience and job satisfaction across a sample from the UK and Ireland. Participants included 136 psychology graduates who had at some point worked as an AP. Seventy-three of the participants included in the study worked in Ireland, the remaining sixty-three held employment in the UK. At the time of this study, the majority of Irish AP's were engaged in voluntary AP posts, compared to one in ten of the UK participants. Within the report, 2.7% (n-2) of the Irish cohort were working alone, without instant access to the supervisor in comparison to 12.1% (n-8) of the UK cohort.

According to the report, 57% (n-41) of the Irish sample and 64% (n-42) of the UK sample felt the supervision they received for their role was 'adequate'. For those who were dissatisfied with supervision the reasons were as follows; frequent cancelation of supervision, sessions where the content discussion was unhelpful. Also highlighted as areas of difficulty was the lack of opportunity to observe the supervisor and a lack of attention towards self-care. One of the most cited reasons for job dissatisfaction particularly amongst the Irish sample was feeling unsupported in their role; Irish sample 19% (n-14) and UK sample 9% (n-6).

According to Twomey and Byrne (2011) AP's are at risk of being exploited in their roles, particularly when working in a voluntary capacity. This is important to note as it elucidates the potentially harmful power dynamics AP's may be exposed to. Hughes et al., (2015) demonstrated that 33% (n-24) of their Irish sample and 32% (n-21) felt they were tasked with undertaking work beyond their competency level. This highlights a serious issue, when the role of an AP is not clearly defined and organisations/supervisors do not adhere to best practice guidelines regarding the role of an AP, the client is at risk of harmful consequences. They also argue that supervisors should hold an awareness in mind of the intrinsic power differentials at play and ensure they establish a psychologically safe place of work where the AP can air grievances if necessary.

The most recent literature available based on the lived experience of Irish AP's within the context of the new AP scheme is based on an anecdotal account of two Irish AP's, both of

whom have approximately 18 months experience between their voluntary and paid post. Ryan and Walsh (2018) commented on high levels of ‘Imposter Syndrome’ during their voluntary AP posts and reflect how they both have noticed a significant reduction in this phenomenon during their paid posts. The authors consider how experience may have influenced this but posit that it is more so due, they feel, to the stepped and consisted approach in conjunction with the benefit of a clearly defined role.

Ryan and Walsh (2018) state that they both receive at least one hour of formal supervision on weekly basis from a clinical psychologist. The supervision encompasses caseload discussion, management of workload, and aspects of both personal and professional development. Both authors state that where supervision has been a priority and has had a regular weekly timeslot, their experiences of supervision has been positive. Ryan and Walsh feel they have been able to take on a lead role during these supervision sessions and are provided with guidance and relevant materials when needed, with the opportunity for self-reflection. Ryan and Walsh also highlight the importance of developing a supervision contract at the beginning of the role, which assisted in establishing an explicit understanding of the expectations of the supervisor and supervisee. Finally, the authors reflect on their opportunity to engage in AP peer supervision, they note that it has enhanced reciprocal learning via shared experiences and heightened skills in providing feedback.

2.5.2 Impact of Supervision for the Clinical Supervisor

Supervision is a co-ordinated and boundaried professional pursuit, in which the interpersonal, intrapsychic and learning processes must be carefully investigated. Research of supervisory processes in conjunction to the therapeutic processes makes use of the supervisors and supervisee’s introspection, investigating their motives, reflections and the development of their personal and professional alliances, in addition to the supervisory environment (Yerushalmi, 2019).

McMahon and Errity (2014) conducted a survey amongst Irish psychologists, the results demonstrated that 70% of participants were supervisors, yet only 40% were confident in their supervisory abilities and a mere 16% had received formal supervisory training. McMahon and Errity (2014) highlight that confidence in the role of supervisor was influenced by experience as a psychologist, engaging in formal supervisory training, experience as a supervisor and as a practising clinician. Interestingly, the study identified that those who engaged in lengthier personal therapy also predicted increased confidence as a

supervisor. This study highlights the importance of opportunity to engage in formal supervision, personal therapy and gaining experience for development of supervisors who have a sense of self-efficacy and self-confidence.

Glover and Philbin (2017) examined the lived experiences of psychotherapists supervising in Ireland and how theories of supervision and conceptual models effect their supervisory practice. Whilst it is important to highlight the participants within this study were psychotherapist and not clinical psychologists, there was a distinct lack of research pertaining to the lived experiences of clinical psychologists and supervision, as the lived experience of supervisors was one of the main research questions in the current study it led to a reliance on previous research from the psychotherapy population.

Five main themes were identified within their research: responsibility pervades the world of supervision, truth seeking – a way of coping with the weight of responsibility, leaping-in and leaping-ahead – ways of coping with existential angst, resolutely responding to the call of conscience – a way of carrying the burden of responsibility, and existential analytic supervision consultation. Responsibility pertained to supervisors “enormous sense of responsibility” in their role and the ways in which supervisors attempted to cope with “the burden of responsibility”. One of the primary ways in which supervisors attempted to manage this sense of responsibility was acting as a “truth-seeker”. This was used particularly when participants felt their supervisees were withholding information or were mistrustful of the report’s supervisees were providing in relation to their practice with clients. The role of “truth-seeker” involved methods of probing and deeper questioning of the supervisee-client interactions and methods of intervention. However, this means of coping was not always adaptive, and can lead to an increase in a sense of responsibility.

Participants also used modes of “leaping in” and “leaping ahead” to manage the weight of responsibility. Leaping in and leaping ahead refers to caring for the supervisees and caring for the welfare of the clients. This is illustrated in one participants example of “leaping ahead”, when during a live supervision, the client disclosed experiences of physical abuse, the supervisee did not delve into this with the client immediately. The supervisor provided the supervisee with enough time to begin to explore this with the client, when this did not happen, the supervisor addressed the matter in an enabling manner for the supervisee, and in doing so was “leaping ahead”. The supervisor experienced a lessened sense of responsibility in having done so but remarked that when the supervisee did not follow her lead this resulted

in feelings of frustration. The participant reflected on the tendency to intervene and how it is influenced by a need to provide the best service possible to clients and safeguard their wellbeing.

Participants also explored how they tried to cope with responsibility, when they felt supervisees had fallen wayward from codes of practice and ethical guidelines through the means of “calling to care”. “Call to care” does not refer to a judgemental, disapproving interaction but more so engaging in a resolute but caring manner with the supervisee. “Call to care” involves engaging with the supervisee in a helpful manner, attempting to highlight to them how they have made misjudgements and try to work collaboratively to find a solution which protects the welfare of the client also.

Glover and Philbin (2017) suggests the implementation of an existential analytic approach to supervision consultation. They state that all participants were well informed and trained in knowledge based structures, methodologies and supervision approaches, however this is not sufficient in alleviating the burden and weight of anxiety and responsibility.

2.5.3 Impact of Supervision for the Client

As research has demonstrated, supervision does enhance supervisees practice and self-confidence, one might argue that this has an indirect positive impact on a client’s outcome. However, this link does appear to be uncertain (Rast et al., 2017). According to Falender and Shafranske (2004) “The most important task of the supervisor is to monitor the supervisee’s conduct to ensure . . . the best possible clinical outcome for the client” (p. 4). Other research emphasises the inherent complications and methodological complexities in examining this phenomenon, highlighting the intimate connection between the research on the client’s outcomes and on therapy outcomes (Frietas, 2002; Watkins, 2011; White & Winstanley, 2010)

One of the few studies into this phenomenon was carried out by Bambling et al., (2006). Bambling and his colleagues demonstrated that when qualified CBT therapists availed of supervision this led to improved client outcomes. Bambling et al., (2006) employed an experimental design within his study, assigning 127 clients to 127 qualified therapists, half of whom received supervision. According to Bambling et al., (2006) 67% of clients placed in the supervised therapy condition group attained clinical remission from depression this is compared to 47% of participants place in the unsupervised clinical

condition group. The study also demonstrated the clients receiving therapy from a supervised therapist were less likely to discontinue therapy.

Two other more recent studies found similar results, Callahan et al., (2009) used a naturalistic design in their study, investigating the outcomes of 76 clients who were randomly assigned to 40 trainee clinicians receiving supervision from 9 different supervisors. The study demonstrated that supervisors were accountable for 16% of the variance in participant outcomes. Similar results were echoed by Reese et al., (2009) who found that of 115 psychotherapy cases of trainee clinicians, those where trainees were receiving supervision with regular feedback had far superior client outcomes than cases where the trainee did not receive regular outcome feedback. Rousmaniere et al., (2014) employed a longitudinal naturalistic design, including 6,688 clients and 174 trainee clinicians to investigate the effectiveness of supervision on client outcomes and found supervision accounted for only .01% of the variance in client outcomes. Whilst there is some evidence to argue that supervision has an impact on client outcomes, methodological concerns are sufficient to warrant serious reservations about the results yielded.

2.6 Assistant Psychologists': An Irish Context

Prior to 2018 the vast majority of AP's in Ireland were working in a voluntary capacity within both the Health Service Executive (HSE) and other private organisations, except for a limited number of paid positions available nationally. In 2018, a new pay grade for AP's was implemented and 114 AP posts were made available in the area of primary care psychology services. These posts received €5m funding from the Government, with the aim of delivering the Government's commitment to develop early intervention mental health services for those under the age of 18 years. It was also the objective to aid in reducing wait lists, allowing timely access to primary care psychology services, promoting good mental health and to ease the burden placed on the Child and Adolescent Mental Health Services (CAMHS). All 114 AP will be supervised by a fully qualified clinical psychologist (Department of Health, 2018). Eligibility for the AP posts maintain that prospective candidates must hold a minimum Level 8 degree Psychological Society of Ireland accreditation and must have the appropriate knowledge and abilities to fulfil the duties of the post. All AP's under the scheme will receive training in various manualised psychological interventions appropriate for the role and setting (e.g. Timid to Tiger, Stress Control, Circle of Security).

2.7 Rationale and Aims of the Current Study

As previously outlined, there are a variety of models of supervision employed in health psychology. IDM is one of the most common and prolific models used in recent decades. Clinical supervision has the capacity to influence the supervisee in a positive manner, ensuring they can progress and develop professionally in the areas of skill acquisition, self-awareness and self-efficacy (Wheeler & Richards, 2001). Hill et al., (2015) posits that supervision can assist novice therapists in the development of skills, professional learning, understanding of the role, responsive to learning needs, ability to appropriately and manage the emotional demands of the role. Whilst Wilson et al., (2016) demonstrated the importance of supervision as a learning opportunity, validating the supervisory relationship, accounting for power dynamics and the impact of supervision.

Given the potential impact of supervision of novice therapists it is imperative to consider the lived experience of supervisors, the possible burden of responsibility, how this is managed and opportunities to mitigate against supervisor stress (Glover & Philbin, 2017; McMahon & Errity, 2014).

The experiences of both AP's and supervisors is important to consider as the AP scheme is relatively new in Ireland and as such there is limited information available as to the lived experiences of both parties. AP's under this scheme are responsible for providing intervention to vulnerable populations and as such it is imperative to attempt to understand both AP's and their supervisors' experiences of the supervision processes which underpin this role. The present research proposes a preliminary analysis in order to fill in some of the gaps in the literature. The principal research question aims to explore:

1. Clinical psychologists' experiences of supervising AP's, within an Irish context under the AP pilot scheme.
2. AP's' experiences of supervision, within an Irish context under the AP pilot scheme.

The researcher hopes to elucidate the perspectives of participants on the benefits of supervision and what has worked well, unearth unmet needs and challenges and perhaps provide a comparative account from both groups. It is envisaged that the results of the study will have the capacity to influence policy, practice, education and future research.

Chapter Three: Methodology

3.1 Chapter Introduction

This chapter will outline the rationale underpinnings for the use of a qualitative research methodology for the current study. It will also highlight the rationale for the study design in addition to the use of interpretative phenomenological analysis to analyse the data. The chapter will provide a rationale for sampling procedures used in the study, in conjunction with a description of the participants involved in the study. This section will include a detailed summary of the procedures used during the process of data collection, including a comprehensive outline of the stages of data analysis employed. Finally, this chapter will consider ethical considerations, the reflexivity of the research and trustworthiness and credibility of the research.

3.2 Rationale for Research Methodology

The main aim of the current study is to explore the experiences of the supervision process of clinical psychologists providing supervision to the newly established AP grade and the experience of supervision of AP's under the new grade. As the scope of this study is investigative and exploratory in its nature, owing to a lack of existing literature within this area it is necessary to use a qualitative approach in meeting the aims and objectives of the research. As the aim of the current study is to gain a greater understanding of the experiences and perceptions of the participants, a qualitative approach would allow for, "a deeper understanding of social phenomena than would be obtained from purely quantitative data" (Silverman, 2000, p.8).

From an epistemological standpoint, qualitative research is related to how an individual makes sense of their world and experience and/or the meaning that they attach to life events. IPA aims to understand how a person experiences a phenomenon from a certain viewpoint and within a specific context. It is primarily concerned by how individuals make sense of their experience and attach meaning to life events (Smith, Flowers and Larkin, 2012). IPA is especially useful for providing an understanding of a less-so examined phenomena. A lived-experience narrative of the meaning made of the phenomenon can elucidate a rich and detailed understanding of the phenomena from a certain viewpoint (Smith, Flowers and Larkin, 2012). An important aspect of qualitative research methods is in

its ability to encapsulate the complexity of a phenomena being examined while also accounting for the different perspectives and diversity of participant included in a study (Flick, 2009)

IPA was selected as the most appropriate method of analysis as the primary aim of the research question is focused on participants understanding and making sense of their experience, it was not focused on interaction over content as discursive psychology would allow for or an inclination to construct an explanatory level description as grounded theory would facilitate.

3.3 Interpretative Phenomenological Analysis (IPA)

A number of qualitative methodologies were carefully considered, owing to the exploratory nature of the research as it is a relatively new scheme and there is little within the research from an Irish context. The aim of the study to illuminate a rich, detailed understanding of the lived experience of AP's (supervisees) and clinical psychologists (supervisors) and how they made sense of their experiences, and Interpretative Phenomenological Analysis was deemed most appropriate (Smith, Flowers & Larkin, 2012).

The primary focus of the research related to exploring participants own experiences of receiving supervision as an AP under the new paid grade and clinical psychologists' experience of supervising AP's under this scheme. It was also concerned with the meaning and making sense of participants within this experience.

The use of thematic analysis (Braun & Clarke, 2006; 2013) was contemplated as it can provide insight into participants' experiences but was decided against, as the primary aim of the study was to explore the subjective, lived experience of participants; the supervisors' and supervisees experience of supervision within the context of the new scheme. Thematic analysis generally focuses on patterning of meaning across data, while IPA has a dual focus on the unique characteristics of individual participants in addition to patterning of meaning across participants.

Similarly, a grounded theory (Charmaz, 2002) approach was rejected, as the primary aim of the study was to explore and capture the lived experience of participants as opposed to trying to develop a theory which may account for their experiences. The use of an IPA framework facilitated detailed exploration of the participants experiences and the meaning that they attached to these experiences (Shinebourne, 2011). It facilitated a comprehensive

understanding, firstly on an individual level and then onto a collective level, of the experiences of participants, the impact of these experiences and the meaning generated from these experiences.

IPA has emerged from three primary areas of the philosophy of knowledge, phenomenology, hermeneutics and idiographic, to offer researchers a framework for understanding how people make meaning and sense of both their personal and social worlds (Smith, Flowers & Larkin, 2012). IPA is mainly concerned with the subjective meaning of the lived experience making it primarily phenomenological in nature (Lyons & Coyle, 2007). Edmund Husserl established the philosophical approach of phenomenology through investigating experiences as a lived process, combining growing perspective and meanings, which are unique to the persons' embodied and situated relationship within the world (Pietkiewicz & Smith, 2014). It encompasses the persons thoughts, perceptions, emotions, actions and memories (Smith, 2013). According to Smith and his colleagues, from this viewpoint, science can be conceptualised as a second order knowledge system which is dependent upon first order personal experiences (Smith, Flowers & Larkin, 2012). In order to identify the subjective experience, the researcher must carry out prolonged interaction with the spoken work through the means of interpretations (Smith, 1995).

Hermeneutics, the study of interpretation is the second theoretical underpinning of IPA. The origin of the interpretative process can be followed through the influences of Heidegger (1962), Merleau-Ponty (1962) and Sartre (1956), who merged hermeneutic principles and descriptive phenomenology (Smith, Flowers & Larkin, 2012).

Heidegger (1962) posited that individual experience should be regarded within the context of the individual's unique, embodied and participatory relationship with the world, he claimed that the lived experience demands interpretation in order to be understood, with interpretation facilitating the illumination of hidden and masked meaning (Heidegger, 1962). Heidegger also expanded on Husserl's phenomenological underpinnings by explaining appearance as having a dual quality, the observable meanings, and the hidden or masked meanings. As such, he formed the concept that both facets of appearance as demanding consideration during interpretation.

A vital concept within IPA methodology is the hermeneutic circle. In order to make sense of any singular part, it is imperative to consider it within the context of the whole, as such, in order to understand the whole dataset, one must examine all the parts (all

words/sentences etc). The concept of the hermeneutic circle highlights the dynamic, non-sequential, repetitive process of IPA (Smith, Flowers & Larkin, 2012).

Building on this, is the concept of the double hermeneutic, this involves the research trying to make sense of the individuals' utterances, which are themselves in fact the individuals' attempt to make sense of their own experiences (Smith & Osborn, 2008). With this in mind, it is imperative that the researcher is mindful of their own biases and presumptions to reduce the influence of these on the interpretative process (Smith, 1995).

Finally, idiographic approach is based on the focus of the single case. It postulates that people can offer great and unique insights on their own experience, in each context and makes sense of a phenomenon (Smith, Flowers & Larkin, 2012). It is the in-depth analysis of the individual cases before any effort is made to produce general statements which is at the heart of this concept (Pietkiewicz & Smith, 2014). An idiographic approach allows the researcher to employ flexibility, facilitating participants to explore facets of their experience which may not have been previously expected (Willig, 2008). An IPA approach allows the researcher to understand a phenomenon from someone who has directly experienced it (Shaw, 2001). A strength of IPA is in its capacity to uncover novel constructs or associations which have not yet been amalgamated into current theories (Brocki & Wearden, 2006).

The present study intends to explore, understand and encapsulate the experiences supervisors and supervisees of the supervision process; therefore, IPA is thought to be an appropriate methodology. Within the current study, there are two distinct IPA studies which focus on the same subject matter; supervisors and AP's experiences of supervision within the AP pilot scheme. In order to ensure homogeneity of the sample, supervisors experiences of supervision and AP's experiences of supervision are considered and interpreted separately from each other. A metasynthesis methodology for collectively considering and comparing the results of both IPA studies was considered, A metasynthesis approach would allow for an intentional and comprehensible approach to analysing the data across the two studies. A metasynthesis allows the researcher to identify a particular research question and then search for, select, evaluate, synthesise, and link qualitative evidence to address the research question. However, as the current study employed distinct interview schedules with differing questions due to the heterogeneity of the two samples, it was felt that this would lead to difficulty when comparing the findings from each study. As a result, it was deemed more appropriate to highlight commonalities and dissimilarities from each study as part of the discussion section.

The aim of the study is to illuminate the experiences, challenges, met needs and unmet needs of supervisors and supervisees within the context of the newly established AP scheme, to explore the meaning the individuals have attached to these experiences, to attempt to step into their world, and describe it.

3.3.1 Semi-Structured Interviews

Ethical considerations were taken into account when choosing a method for data collection, which would not cause undue harm or distress to the participant and would also allow for a greater level of confidentiality and anonymity of participants. As a result individual interviews were selected as the most appropriate means for data collection as participants may feel uncomfortable discussing issues surrounding their experiences or opinions in the presence of others. Individual interviews also facilitate establishing rapport, and providing participants with the space to think, converse and to feel heard, thus individual interviews are appropriately suited to comprehensive and personal conversation. A good interview is imperative in order to conduct an IPA analysis (Smith, Flowers & Larkin, 2012). A semi-structured interview format was decided upon, this would enable the researcher to prepare certain questions in advance to help address the research aims, yet not so rigid that participants responses could be 'predicted in advance' (Wengraf, 2001, p.5). The flexible and idiographic characteristics of semi-structured interviews were chosen as the most fitting means for data collection. The semi-structured interviews allowed the researcher to explore in more detail and depth particular subject matters as they arose throughout the interview (Smith & Dunworth, 2003). One interview conducted with a from the supervisor was conducted in a questionnaire format owing to external difficulties. This questionnaire was analysed in the same manner as those conducted from the semi-structured interviews, however it is acknowledged that the questionnaire format did not allow the researcher to elicit as much in-depth, rich data that was derived from the semi-structured interviews. A pilot study was conducted, this ensured that the semi-structured interview was sufficient to achieve the research aims.

3.4 Sampling

3.4.1 Method of Sampling

Purposive sampling was employed from a homogenous group. Whilst the current study explored the experiences of clinical psychologists and AP's, both groups were part of the same scheme and within the context of the new AP paid grade in Ireland. In the current study participants were selected on the condition that they were involved in the AP scheme (currently or previously) and as an AP (supervisee) or clinical psychologist (supervisor).

3.4.2 Sample Size

Nine participants were interviewed as part of the current study, with an additional one participant for the purpose of the pilot interview. Five of the participants were AP's and four of the participants were clinical psychologists who had supervised AP's. Historically, qualitative researchers have sought to include larger numbers in their studies in an attempt to negate criticism from their quantitative focused counterparts. However, more and more renounced qualitative researchers are utilising lower numbers as part of their studies, in this way, researchers can encapsulate the quintessence of the persons experience (Smith, Flowers & Larkin, 2012). Smith and his colleagues suggest that between three and six participants is an appropriate sample size when using IPA to analyse the data.

3.4.3 Inclusion and Exclusion Criteria

Individuals over the age of 18 who were at the time of interview employed by the Health Service Executive. Individuals who were currently or had in the past, been employed as an AP under the new AP scheme or a clinical psychologist's who were currently or in the past responsible for providing supervision to AP's under the new AP scheme. Those who were employed as AP's outside of the new scheme of clinical psychologists who supervised AP's outside of the scheme were excluded from the sample, this was to ensure the sample was homogenous. All participants were required to be able to provide informed and written consent.

3.5 Participants

3.5.1 Recruitment

Potential participants were recruited in a variety of ways, the researcher used contacts for people involved in the scheme as both AP's and clinical psychologists. Participants were also recruited through the AP Google group and through the four clinical psychology training programmes in Ireland.

Potential participants were provided with a detailed outline of the current study in the Information Sheet (appendix A), an invitation to participate and a copy of the consent form (Appendix B).

Nine participants were interviewed (supervisors n-4; supervisees' n-5). Eight of these interviews were conducted over one sitting and ranged in length from 42 minutes 32 seconds to 84 minutes and 11 seconds. Contact was made with the researcher by one AP participant requesting their data be removed from the study, and this was honoured. As such the sample size for the study was eight participants (supervisors n-4; AP's n-4).

3.5.2 Sample Characteristics

Participants were four clinical psychology supervisors (three female; one male) and four AP's (four female).

3.6 Procedure

3.6.1 Data Collection

Once ethical approval was granted from the Health Service Executive, an email containing the details of the study was sent to all potential participants inviting them to contact the researcher if they were interested in participating in the study. The email also included an information sheet and consent form. Once the participant had emailed the researcher agreeing to participate, a suitable meeting place to conduct the interview was arranged, three of these were conducted in private offices within two colleges and the remaining six were conducted in private work offices.

Prior to the interview being conducted participants were once again verbally briefed regarding the purpose of the interview, their right to anonymity, and the right to withdraw from the study at any point should they so wish. Participants were offered the opportunity to ask any questions they had in relation to the study. Once any concerns had been explored, participants were invited to provide written consent by completing the consent form and a copy of the written consent was retained by each participant. Each participant was offered a copy of the transcript (once completed) to ensure they were happy with the content.

Interviews were recorded on a Dictaphone. Once interviews were recorded, they were transcribed in a timely manner, and the audio-recordings deleted at the earliest timepoint. Transcript pseudonyms were assigned to help safeguard participant confidentiality. Other

identifying information such as workplace names and locations were altered or removed to provide an additional layer of confidentiality. Participants were contacted one to two days after the interview to ensure they were content with the interview process, have any questions answered by the researcher and to allow the researcher to ensure the participant has not been negatively affected by the interview process.

3.6.2 Interview Schedule

Interviews were carried out according to the interview schedule (Appendix C). The interview schedule was created through reviewing existing literature around the topic of supervision and through reviewing and reflection of the pilot interview (sample size, n-1). The pilot interview allowed the researcher to become familiar with the schedule and to allow a reflective space and a means to analytically review the content in regard to the research question. Following the pilot study, the phrasing of certain questions was altered and prompting questions were included to the end of the interview schedule as a means to guide the researcher and to allow for more in-depth, rich data to be collected. The interview schedule was used to guide the researcher, but it was not strictly followed, again the flexible nature of the interview enables the researcher to gain greater insight into the experiences of the participants. The researcher endeavoured to employ a conversational and exploratory tone during the interviews. Towards the end of the main interview schedule, participants were invited to make comment or provide further insight into their experiences on topics which may not have been covered over the course of the interview. Following the completion of the interview, participants were verbally debriefed and contact details for the researcher were again outlined should the participant have any concerns or further questions in the future.

All interviews were recorded using a Dictaphone and transcribed verbatim for analysis. Interviews ranged in duration from 42 minutes 32 seconds to 84 minutes 11 seconds. Reflective notes were maintained by the researcher throughout the interview process (see Appendix D for extracts).

The following table outlines interview details;

Pseudonyms	Assistant Psychologist OR Supervisor	Interview length
Jack	Supervisor	52 minutes 47 seconds
Louisa	Supervisor	52 minutes 04 seconds
Abby	Supervisor	45 minutes 07 seconds
Holly	Supervisor	Questionnaire format
Victoria	AP	64 minutes 35 seconds
Alex	AP	80 minutes 29 seconds
Molly	AP	84 minutes 11 seconds
Fiona	AP	42 minutes 32 seconds

Table 3.1 Interview details

3.7 Data Analysis

Once all transcriptions were completed and anonymised, transcripts were formatted in Microsoft Word for IPA analysis, this included the formation of three distinct columns. The first column was concerned with the identification and recording of pertinent themes which emerged, the middle column was allocated to the transcript excerpts and the right column was allocated to noting exploratory commentaries by the researcher, exploratory commentaries comprised of notes pertaining to descriptive, linguistic and conceptual comments (Please see Appendix E for extract) (Smith, Flowers & Larkin, 2012). The analysis of the transcripts was carried out over an extended time. The researcher made substantial efforts to ensure familiarity of the data. The researcher listened to audio recordings and re-read transcripts on a number of occasions; the researcher also ensured there was sufficient space for reflection prior to revisiting the data. The stages of analytic process are highlighted below.



Figure 3.1: IPA Analytic Process – Adapted from Smith et al (2012)

3.8 Research Trustworthiness and Credibility

Yardley's (2000) framework for establishing trustworthiness and credibility in qualitative methodologies was implemented for the current study (Yardley, 2000). Smith, Flowers and Larkin (2012) have postulated that Yardley's framework allows a more

advanced and varied position as opposed to more traditional criteria. The research credibility was deliberated across four areas: 1. Sensitivity to context; 1. Commitment and rigour; 3. Transparency and Coherence; 4. Impact and importance

3.8.1 Sensitivity to Context

The researcher demonstrated sensitivity to content at a number of occasions during the research process. Mainly, by engaging carefully and thoroughly with pertinent literature disseminated in regard to clinical psychology supervision, from both the supervisor's perspective and the supervisees perspective. This was also shown by the researchers' dedication to becoming acquainted with the central concepts which are intrinsic to IPA and its philosophical underpinnings before data collection began. This familiarity ensured the researcher was more confidence in generating data which was appropriate for IPA analytical procedures. Sensitivity to context was imperative throughout the interview process, with recognition of the sociocultural context of participants and the researcher deemed vital in establishing a rapport. Sensitivity to context was vital during the analysis of data, as the researcher made substantial efforts to ensure comprehensive idiographic analysis of interview data before the collation of findings across the interviews (Shinebourne, 2011). This safeguarded against the loss of experiences of each participant towards the later stages of analysis.

3.8.2 Commitment and Rigour

The researcher was conscious of the importance of commitment and rigour during the analytical process by staying loyal to the recommended analytical processes previously discussed. Commitment and rigour included allowing sufficient time for the researcher to become immersed in data collection and recurrent revisiting of the data. Academic teaching days and workshops pertaining to research methodologies and qualitative research methods were attended by the researcher, this further contributed to commitment and rigour. Engaging in peer discussions and consultation with colleagues involved in IPA research methodologies also stimulated commitment and rigour throughout the study.

3.8.3 Transparency and Coherence

By means of detailed description of the data and the analytic process, transparency and coherence was promoted. This included providing examples of transcripts and the various stages of analysis (Please see Appendix E). Supervision during the research process

also assisted in bolstering transparency and coherence, with the supervisor reviewing the analysis and tracking the data from transcription to superordinate themes to guarantee the early notes, comments and emergent themes were indeed representative of the raw data. The reflective journal provided a space for the researcher to note and explore personal biases and opinions throughout the lifespan of the research project. This was imperative when utilising IPA methods, as it was important for the researcher to become more aware and bracket their own interpretations of the individuals' experiences to wholly comprehend what the individual was attempting to communicate in their description of their experiences.

3.8.4 Impact and Importance

It is hoped that the current research project will provide insight into the experiences of clinical psychologists who are supervising AP's under the new scheme and also shine a light on AP's' experience of supervision under the scheme. This is particularly important as it is a new paid grade within an Irish context and as a result there is little within the literature exploring the perspective of those involved within this context. It is hoped that the current study provides a basis from which this phenomenon can be better understood. As it is a new initiative within an Irish context it is vital that the experiences of those involved are explored and the research will perhaps act as a springboard for expanding on the current study.

3.9 Reflexivity

Research which employs an IPA methodology could be conceptualised as a dynamic process, in which the researcher must maintain a mindful approach and endeavour to reduce the impact of their own role in the dual process of collecting and analysing data (Smith, Flowers & Larkin, 2012). The researcher's beliefs, assumptions and understanding can either facilitate or hinder the impact on the quality of the IPA analysis (Smith, 2004) and can possibly play a role at all stages of the research process (Berger, 2015). Through the process of overtly acknowledging and noting such propensities, their individual contributions can be lessened during the period of data collection and analysis.

As a trainee clinical psychologist, the researcher has substantial experience of being supervised as a novice therapist, including three years as an assistant psychologist (within a voluntary capacity) and two and a half years as a trainee clinical psychologist. As such, the researcher had their own preconceptions as to what processes facilitated learning such as the opportunity to observe, receiving constructive feedback, being pushed outside of one's comfort zone, modelling and scaffolding. However, the researcher was also acutely aware of

the inherent power differential which can be at play when working as a novice therapist, particularly when working as an AP, driven in part by the significant dedication, effort and time spent trying to gain a place on a training program. This power differential may be experienced in an implicit manner, highly driven by gaining a place on a program and sometimes extending the self beyond one's limits in order to achieve this, which can lead to feelings of overburden. The more explicit power differential when working as an AP, it that the AP is normally highly dependent on good references to gain a place on a training program which may inhibit an AP expressing more negative experiences within their role to their supervisor. The researcher's experiential awareness of working as an AP could naturally lend itself to an identification with the AP group within the study and heighten the researcher's biases and preconceptions towards the role of the supervisor.

The researcher was mindful and acutely aware of their role as a trainee clinical psychologist, and the inherent experiences of supervision related to the role and the potential impact that this may have on the data collection, analysis and presentation of the findings. With this in mind researcher was attentive towards any reactions to supervisors and AP experiences within a supervision process and was careful to document anything striking or significant for the purpose of later reflection.

3.10 Ethical Considerations

Ethical approval for the current study was obtained from the Health Service Executive (see Appendix F).

A number of ethical considerations have been identified for the purpose of the proposed study;

- Right to privacy and anonymity:

Once interviews have been recorder using a Dictaphone, the researcher will transcribe the interview at the earliest possible time. The transcripts will omit participants names, inside assigning pseudonyms, transcriptions will also ensure any identifying information is omitted, such as particular geographical location, names of specific organisation etc. Once transcriptions have been completed, all audio recordings shall be deleted. Transcriptions will be stored securely in a locked filing cabinet and kept for the only the appropriate length of time required.

- Importance of clear communication:

It is possible that a participant may misunderstand or misinterpret a question, moreover it is possible that the researcher may misunderstand the response of the participant. In order to avoid possible miscommunication and mis-representation each participant will be provided with the transcription of their interview. Participants will have the opportunity to clarify any points with the researcher if necessary.

- Possibility of harm to participants:

Given the scope of the study, it is deemed unlikely that the participant will be negatively affected by the interview process, however if this is the case participants will be provided with a list of appropriate contact details.

3.10.1 Informed Consent

Informed consent was obtained from participants prior to data collection. Initially, participants had the opportunity to review the information sheet and a copy of the consent form. Following on from this both verbal and written consent were obtained by the researcher. Each participant was provided with an opportunity to have any questions answered by the researcher prior to the interview and their right to withdraw from the study at any point was also reiterated.

3.10.2 Confidentiality and Anonymity

Participants were assured that confidentiality and anonymity would be ensured throughout the data collection and analysis process. This was achieved by the allocation of pseudonyms to each participant, and only the primary researcher would have access to the coding sheet outlining participant pseudonyms. All further identifying information pertaining to locations, identified colleagues or information unique to a specific service or individual which would identify those involved were anonymised or removed from the transcript. Once the interviews were completed, the audio recording was transferred to an encrypted USB stick. Transcriptions were completed at the earliest timepoint and all audio recordings were deleted, each transcription were password protected on Microsoft Word and held on a password protected computer.

3.11 Conclusion

This chapter has highlighted the methodological design and procedures adopted. It has also explored a variety of relevant issues in qualitative research, such as Yardley's criteria in

relation to trustworthiness and credibility, researcher reflexivity, confidentiality and ethical issues.

Chapter Four: Results

4.1 Chapter Introduction

After a significant period of time of becoming familiar with the data through transcribing, reading, re-reading, coding and collating the data, a number of themes emerged from the eight interviews. During the analysis stage, both sets of data, those derived from the AP sample and those derived from the supervisors' sample were analysed separately to ensure homogeneity of the samples. The results from both analyses will be considered separately in this chapter, first exploring the experiences of participants within the supervisor sample before moving on to explore the experiences of the participants from the AP's sample.

Within the Supervisor's dataset three superordinate themes were identified with a number of subordinate themes which help to capture participants experience of supervising AP's. Illustrative quotes will provide the reader with an insight into the spoken words of the participants with the accompaniment of analytical comments to provide the reader with an account of the researchers' interpretation of each theme identified. Direct quotes will be italicised, with the use of a sequence of three dots within these quotes indicating the removal of superfluous text. Reflective boxes will be interspersed throughout the chapter, providing the reader with an insight into the researchers' own reflective process throughout the process.

Within the AP's dataset two superordinate themes were identified with a number of subordinate themes which aim to illustrate participants experience of supervision under the AP pilot scheme. The processes used within the analysis of the supervisor sample will be repeated, for example providing the reader with illustrative quotes, analytic comments and reflective boxes throughout.

4.2 Chapter Overview – Exploring the Experience of Supervisors

Table 4.1 presents the superordinate themes. "Journey of Growth" relates to how participants facilitated learning, aspects of the supervisory relationship which facilitated learning, and the impact of the AP on service provision. "Sense of Responsibility" refers to participants sense of responsibility towards the AP, particularly how they can protect the AP in sometimes extremely busy services, where other clinicians also have access to the psychologist, issues regarding how they manage competing demands of the service needs, the needs of the AP, and their own workload, how the burden of responsibility is experienced and

the supports in place that have aided the participants in their role. “Challenges” refers to participants unmet needs, and service issues which impacted the experience of supervision. The following table delineates the themes identified within the clinical supervisor dataset;

Superordinate Themes	Subordinate Theme
Journey of Growth	<i>Facilitating Learning</i>
	<i>The Supervisory Relationship</i>
	<i>Impact on Service Provision</i>
Sense of Responsibility	<i>Protecting the Assistant Psychologist</i>
	<i>Competing Demands</i>
	<i>Feeling the Burden</i>
	<i>Supports</i>
Challenges	<i>Unmet Needs</i>
	<i>Service Issues</i>

Table 4.1 Summary of Clinical Supervisors “superordinate” and “subordinate” themes

4.3 Superordinate Theme: Journey of Growth

The theme Journey of Growth pertaining to the methods which participants employed to assist the AP to develop, gain skills, knowledge and confidence in the role. It considers how the participants strove to meet the individual needs of the AP and their experience of providing a containing space which allowed the AP to flourish. It also highlights important aspects of the relationship which facilitated the growth and learning of the AP. The theme also demonstrates the valuable impact that the AP had on service provision.

4.3.1 Facilitating Learning

All four participants discussed their endeavour to create a containing, safe space which would allow the AP to grow and develop through experience but with the knowledge that they are fully supported by their supervisor:

“I wanted to give the AP the experience of a contained service, a secure service, not one at odds or in some sort of level of disruption...and not expect too much from them whilst giving them some level of appropriate responsibility and stuff like that said that they felt it was contained and then in supervision that the AP felt secure and held as it were in a psychological sense that was all OK” (Jack)

Jack’s describes a type of proximal development, whereby the AP is provided with appropriate opportunities and experiences but within a safe environment. Jack’s acts as a safe base for the AP, who ultimately holds the responsibility, being supported in this way facilitates the AP to develop the necessary emotional and cognitive processes imperative for the role of a psychologist in conjunction with exposure to clients and new experiences.

Abby mirrors this belief, that for one to grow, it must be within the confines of a containing, safe environment or relationship:

“trying to be containing from the outset, I think that was of benefit to them because it allowed them to feel supported as they grew and learned and they did, they stretched themselves” (Abby)

Abby’s sense that when the AP benefitted from a safe and supportive relationship, they were able to extend themselves, developing confidence and skills.

All four participants used methods of modelling, scaffolding, checking-in and observation as a means to develop the competencies and knowledge of the AP’s:

“seeing what they had experience in... it was really a bit of model, observe me, watch, try it, me observe them... a little bit of checking and seeing” (Abby)

Abby used these techniques to facilitate skill acquisition and competency in the AP. Abby was also attuned to the AP’s’ individual needs, gauging from prior experience and through observation she matched the demands according to the learning needs of the AP.

Louisa describes increasing the demands and responsibility at different stages as she observed the AP’s self-confidence grow:

“when I feel that that is something that they feel a little bit of confidence in relation to, I will present things that are more challenging or more difficult... and giving constructive feedback around that and then going into areas where they may have less experience. (Louisa)

Not only does Louisa have an acute awareness of the developmental needs of the AP but she also highlights the value of providing “*constructive feedback*”, before increasing task demands.

Jack highlights the importance of creating independence and autonomy by pushing the AP out of their comfort zone:

“give you space, plenty of opportunity to practice and now here is a client in, let's go with it let's do it, let's go and see what happens and we can contain that” (Jack)

Jack empowers the AP by providing them with the opportunity to overcome fear and anxiety within a safe environment, this is done in a collaborative way with the AP with Jack acknowledging that it is OK to have a level of uncertainty.

Holly succinctly illustrates how the AP has garnered skills and increased in self-confidence when they have gained experience in a safe, containing space:

“I have seen them grow in confidence and skill since their arrival. It has been lovely to observe the developmental process of growth and independence over time... The process of supervision has changed from one of structuring sessions, directing them in detail and reviewing afterwards, to a more fluid conversational style... They are way less anxious and more open and comfortable with the unexpected things that can happen in sessions” (Holly)

The growth of the AP during their role has directly impacted on the provision of supervision, which has been adapted to reflect an increase in competency and self-efficacy.

4.3.2 The Supervisory Relationship

All four participants discussed the importance of the supervisory relationship, and how the relationship fosters an open, honest and trusting working environment:

“if there is anything that is distressing her or anything that she feels has a personal identification with her or any life experience for her, she is very readily able to identify ... she feels sufficiently supported that she could do that” (Louisa)

Louisa describes a positive supervisory relationship with the AP and how this has facilitated an open and honest approach to the work. The way in which Louisa describes it, suggest that this is a protective factor against the effects of vicarious trauma or potential for burnout.

Jack describes the importance of the relationship in repairing ruptures, facilitating an environment in which the AP feels comfortable to say when they have made a mistake, or they don't know:

“if an AP felt they made an error or something had been wrong or something like that that is a little rupture we can repair that, that is not disaster” (Jack)

Establishing a positive supervisory relationship can act as a buffer against potential harm to clients, as the AP is more open and honest with regards to their work and their limitation's but knows that they are also in an environment which supports them.

4.3.3 Impact on Service Provision

All four psychologists expressed their experience of AP's as being extremely valuable to the service and how their presence has in some cases transformed service delivery for the better:

“It was enormous in terms of the transformation, in terms of our model of work, which has tried to be engaging people so that they are not waiting on a wait list for as long, the prospect that we won't have an AP is going to massively impact us in terms of our service” (Louisa)

Louisa demonstrates just how significant the presence of AP's has in terms of reducing waiting lists and wait-time to access supports and interventions. Louisa exhibits concern pertaining to how the service will operate if the AP pilot is discontinued. It is evident from Louisa's account that the discontinuation of the pilot would have catastrophic effects on service provision.

Jack's sense of value in the role of the AP mirrored Louisa's, stating,

“I think they have made a huge difference to our service here. I think they have helped us a lot ... to a service with more group interventions so that you could see more people more quickly ... advise clinics have been set up where new referrals can be discussed and consider whether this is the right service” (Jack)

Jack depicts the presence of AP's in the service as almost changing the face of the services and service delivery. AP's have enabled more prompt access to support, have been heavily involved in the initiation and roll out of innovative projects and ensure that inappropriate referrals are identified and dealt with in a timely manner. The presence of AP's

in the service has led to enhanced service delivery, improved practices and arguably leads to preferable client outcomes for an extremely vulnerable population.

4.4 Superordinate Theme: Sense of Responsibility

4.4.1 Protecting the Assistant Psychologist

All the participants explored their sense of responsibility towards the AP in relation to protecting them, this was discussed in a number of ways, participants explored issues that may arise when the assistant is working with a number of psychologist and the potential to become overburdened with work, others touched on the issue of power dynamics within this and the vulnerable position that the AP may be in within the organisational structures.

“With other psychologists having access to the AP in that regard I suppose it was important for me to be mindful of that and what they would be expecting from the AP, what the AP would be able to give or something like that... maybe some people regarding the AP as more admin than a psychologist, so you had to be very careful of how they were minded I suppose in that space.” (Jack)

Jack had a desire to oversee the work that other psychologists are allocating to the AP in order to protect them against being exploited either by being provided work that is not aligned to the role of an AP, inappropriate expectations or the AP becoming overburdened with work. He was acutely aware of the potential dangers within the implicit power imbalance of being an AP and tries to safeguard the AP from being taken advantage of. This perhaps not only reflects the potentially vulnerable role of an AP but also the developmental stage of the AP, early in their career who the participants feel needs to be “minded”. Jack takes responsibility for this role stating, “if there was any difficulty there, with very much the line through would be back to me to resolve that issue”, almost as a parent attempts to protect a child from the outside world.

Louisa explored this issue not only in terms of the AP becoming overburdened and the potential for a detrimental power differential but also within the context of trying to empower the AP to become more assertive:

“I have been trying to foster with her a capacity to say I am doing this and this and this so I can't take on that piece ... because she effectively could be working for 3 psychologists, one psychologist won't know the workload that another is getting to her ... because you could imagine with the power differential in being an AP”. (Louisa)

Louisa not only encourages the AP to be more assertive but also aligns herself with the AP to aid her in doing so, stating *“So we have been very clear that we do not want her to make out that she is invincible. She is just like the rest of us.”* In this sense, Louisa tried to ease the burden on the AP by setting an example and sending the message that it is impossible to do it all.

4.4.2 Competing Demands

All participants explored their many responsibilities and the difficulties of managing competing demands, primarily the service demands, the demands of the AP and their own caseload.

“Applications for training courses mean that I am spending a lot of time preparing references, which is not possible in work time. Soon, interview prep will begin, and I have offered that support should they need it.” (Holly)

Holly reflects on her sense of responsibility in helping the AP meet their goal of gaining a place on the course. This additional responsibility means that Holly must do this work outside of her working hours. Although she is motivated to work towards the joint goal this must feel burdensome when there is insufficient time to dedicate to it in work.

Abby discussed competing demands within the context of placing the clients first:

“It is a fine line between meeting the needs of the AP’s and meeting the service needs and we are trying to walk this line and the service needs, the needs of the child and family have to take priority but you are also trying to meet the needs of the AP’s and get them through and give them the best opportunity to get on the clinical course.”

This suggests that it is an extremely difficult task to distinguish how much effort and time gets spent on meeting the needs of the AP in a way which is not to the detriment of the client. Within this there is also the additional felt sense of responsibility of helping the AP’s gain a place on a training programme. It is almost as though Abby now has the added responsibility of a career guidance counsellor on top of her own work duties. The dual responsibility may be experienced as an internal conflict increasing the pressure and sense of responsibility.

Louisa explored competing demands within the context of an extremely busy service:

“one of the things that has been a little bit difficult is it is an incredibly busy department, so there is so much work that needs to be done sometimes I think that we are looking at the work that she can contribute to the running of the department in a way that possibly overemphasise that and under emphasise the fact that there are competing issues as well”

Louisa’s statement reflects a potentially harmful situation whereby an AP may be expected to work beyond their competency or role in order to meet the needs of an extremely busy service. This reflects the significant pressure Louisa is under in terms of meeting service demands and trying to hold the limitations of the role of an AP in mind within this context.

4.4.3 Feeling the Burden

Three of the four participants expressed the sense of burden, in terms of the responsibility they felt towards the future of the AP’s, their own fears around their capacity to supervise and the burden of setting up a new service:

“I was feeling a bit daunted by the prospect I had not previously supervised. I was concerned that I might not have the skills to carry out the task effectively.” (Holly)

Holly conveys a sense of self-doubt in her ability to effectively supervise. She also states, *“it was part of my contract that I carry out this work”*, demonstrating that the role of supervisor was not through choice but through a requirement of her employment. Perhaps motivation to supervise, or lack of increased the sense of burden that Holly experienced in addition to negative self-appraisal pertaining to the demands of supervising.

Holly goes on to state:

“it can be a demanding task and does take a considerable amount of my time and thoughts during the week... I am often thinking about them, checking in or answering queries, or co-ordinating activities that they might participate in within the department.” (Holly)

Holly’s ruminative thoughts on the work of the AP’s for a significant period of time throughout the week further heightens the sense of burden and pressure she was experiencing. Her need to check in reflects the weight of responsibility she carried in her role as supervisor.

Abby explores her sense of anxiety in relation to the pressures of establishing a new service and the fear pertaining to a sense of uncertainty regarding what was expected of the service and how much support did the AP's require:

"I think anxiety was high at the start, as you would expect, but maybe additionally because it was something new. And our anxiety was high too because it was a new project and we didn't quite know what it was supposed to look like...what is this supposed to look like? How much can they do? How much can we give them to do? How much support and scaffolding do they need?" (Abby)

Not only were there feelings of anxiety and trepidation in being responsible for establishing a new service but Holly also conveys concerns pertaining to the level of input the AP's would require and a worry that she may not have the capacity to provide them with all the support they may need.

4.4.4 Supports

All four participant discussed the extremely important sources of support they received when trying to manage the weight of responsibility of supervising:

"My manager is flexible and supportive, which is a big help. This gives me the scope to share the workload and the responsibility of the supervisory role." (Holly)

Having supportive colleagues on the ground was beneficial for all participants. For Holly, this was experienced in terms of sharing both the workload and the responsibility.

Holly also expressed the importance of the training she received prior to commencing her role as supervisor:

"The training was very interesting and helped build my confidence that I could take on this work satisfactorily... as well as providing a framework for supervision sessions" (Holly)

The training instilled a sense of self-confidence and self-efficacy in Holly, directly influencing how she structured supervision. Her experience of the training was a containing one which helped to reduce anxiety but also provide clear guidance on what may be expected of her.

Abby discusses how being proactive in establishing supports assisted her in her role:

“We also set up our own support, peer supervision of AP’s for supervisors... we met every 4 to 6 weeks and that was very helpful because we could talk specifically about the challenges that we were running into” (Abby)

Peer support and being able to identify with others in a similar situation was extremely containing for Holly. It provided her with a safe space to explore the challenges she was experiencing with those who understood her and allowed time to reflect and problem solve with others.

Reflective Box

I noticed with some participants, during the data collection, that I had a strong emotional reaction to their attitudes and beliefs about supervision, and their experiences with AP’s. I noticed a strong positive regard to their warm, engaging, encouraging approach with their AP’s. I was taken aback by the degree to which all participants experienced a significant level of responsibility in their roles, as they strove to meet all competing demands, this perhaps reflects a degree of nativity on my part as I have always been on the other side of the coin as a supervisee. I was particular taken by the positive regard participants held for the AP’s and how dedicated they were in their endeavours to protect the AP. I wondered did this reflect previous experiences of the participants where they have observed AP’s being treated in a manner they did not agree with or at least were aware there was the potential for this. I was mindful to note these reactions in my reflective journal subsequent to the interviews, as I was aware they may have an impact during data analysis.

4.5 Superordinate Theme: Challenges

The theme challenges were discussed by participants in two mains ways; unmet needs within the supervisory process and service issues which impacted on the experience of supervision. Challenges within these contexts were highlighted by all four participants.

4.5.1 Unmet Needs

Louisa discusses the need for more allocated time for reflection both with the AP in terms of their needs but also in relation to her own peer support:

“And I think probably there should be effectively 6 monthly reviews in terms of what are we doing what is working with you and what have you tried and what level of

complexity are you giving in terms of cases. I think the capacity for us to sit and reflect on what we have been doing” (Louisa)

The difficulty in allocating time to the reflective process is perhaps due to service demands and time constraints but also reflects the needs of services to provide more support to a supervisor, freeing them up to meet the needs of the AP in an appropriate manner and accessing their own necessary support.

Jack highlighted unmet needs of the current pilot:

“We had a couple of APs that got onto clinical programs and not replaced so it is difficult, they’re gone, and we can’t work in the way that we used to” (Jack)

This highlights a serious issue for service providers, considering the valuable impact that AP’s have on service provision, when they are not replaced this leads to negative consequences for the client’s wellbeing, wait times are lengthier, waitlists are longer, interventions no longer run as usual. This must be an additional burden on supervisors and services as they must try and adapt very quickly and to the best of their ability when AP’s leave the service.

4.5.2 Service Issues

Service issues were discussed by all four participants. Service issues which impacted negatively on the experience of supervision were discussed in a number of ways, absent supervisors not being replaced, a lack of sufficient resources and the working environment.

Louisa reports:

“the person who was designated to supervise the AP had been unwell, so she was absent a little bit over a period of two months...on off and the decision was made actually let's make change” (Louisa)

Louisa highlights the very real issue of how services and other members of staff must adapt and take up the responsibility when absent members of staff are not replaced, she goes on to state, *“it was almost like this was a young person are a child within the department it did not have the parent”*. Louisa portrays a sense of abandonment on behalf of the AP, one who is lost and neglected.

Abby echoes a similar experience to Louisa:

“even though the AP’s were allocated to somebody else that was still in a different centre so what I am saying is that I didn’t have a colleague support on the ground here and that made a difference to me” (Abby)

Whilst Abby was not ultimately responsible for the other staff members AP’s she was required to provide support, increasing the workload and pressure on her, but more importantly, Abby lost an important source of support during an extremely stressful period of establishing a new service and managing the initiation of the pilot AP scheme. Without enough support, in a demanding role, it is easy to see how one may become overburdened and burnt out.

Abby also experienced a challenge in relation to the embargo on travel instigated as a cost saving measure by the Health Service Executive which further increased her difficulty in accessing peer support:

“there was a rule about not traveling only for clinical work, so it was quite difficult at times... nothing was a substitute for actually meeting face-to-face, but it was difficult to do that because of the distance and the embargo on travel. (Abby)

Due primarily to insufficient financial resources, Abby was regularly unable to meet colleagues in person to reflect on the supervision process, explore with her colleagues what was working or not working, and problem solve.

4.6 Section Overview – Exploring the Experience of Assistant Psychologists

Table 4.2 presents the superordinate themes. “Good Supervision” relates to the positive aspects of the supervision they received which helped them to flourish and develop, including a sense of being nurtured, ease of access to appropriate supports, the implementation of supervision processes and participants experience of developmental as early career psychologists. “Challenges” pertains to the difficulties participants experienced, such as, negative psychological consequences, managing conflict, and ineffective supervision processes. The following table delineates the themes identified within the AP dataset;

Superordinate Themes	Subordinate Theme
Good Supervision	<i>Being Nurtured</i>
	<i>Access to Supports</i>
	<i>Supervision Processes</i>
Challenges	<i>Negative Psychological Consequences</i>
	<i>Conflict</i>

Table 4.2 Summary of AP’s “superordinate” and “subordinate” themes

4.7 Superordinate Theme: Good Supervision

Aspects of “good supervision” were discussed by all four participants. Good supervision was conceptualised in three main ways, a sense of “being nurtured”: aspects of the supervisory relationship, experiences of feeling valued and heard and participants experiences of increasing confidence and competency as a result of supervision. “Access to supports” referred to the ease of access to supervisors and other important supports including participants experience of working within a supportive and containing environment. “Supervision Processes” relates to positive aspects of the structure of supervision, consistency and important aspects of the supervision process such as receiving feedback and a space for reflective practice.

4.7.1 Being Nurtured

Three of the four participants discussed aspects of being nurtured within supervision. A sense of being nurtured was illustrated by participants in several different ways, three of the participants discussed feeling contained within the environment:

“It is kind of at my own pace and if there was anything pressing, I would feel comfortable to bring it up. And I think that just comes from getting to know her, but she is also very warm and welcoming” (Fiona)

The supervisor’s innate nature created an open and warm environment which allowed Fiona to feel contained within the learning process. Fiona’s reflection on paced learning suggests that the supervisor was very much attuned to her needs and her level of development

and was able to align the demands with this. This would have aided Fiona's development of skill acquisition in a way she felt safe and protected. Fiona also states, "*You always feel listened to in supervision and she never makes you feel stupid or anything*", the experience of being listened to was validating for Fiona and arguably gave her a sense of feeling valued within her role. Fiona's use of the work "*stupid*" perhaps reflects an underlying fear of being negatively evaluated or a sense of inferiority in her position, yet the supervisors approach helped to reaffirm her belief in herself.

Fiona explored the impact of the working environment and the process of supervision which aided skill acquisition:

"you are really encouraged to develop your skills and kind of like push you but comfortably push you and then you are also really held in that process as well...if I felt like something was too much for me to go to my supervisor and say oh I don't know what I am doing here and I wouldn't be nervous or anything" (Fiona)

Being "*held*" and contained in the learning process facilitated Fiona to extend herself beyond her comfort zone and enhanced her skills. Fiona depicts a supervisor who was effectively able to balance pushing Fiona to face her fears and yet protect her by not assigning tasks beyond her capability. Fiona also felt protected in her ability and comfort in approaching her supervisor when she was experiencing feelings of uncertainty. In this way, Fiona experienced the supervisor as responsive towards her needs. Learning in such a safe environment no doubt aided Fiona in enhancing her sense of self-efficacy and self-confidence.

Molly also illustrates a similar experience:

"I would say it has given me more confidence and it's not that I am expected to know... if I don't know something it's ok not to know" (Molly)

Molly's experience of supervision has provided her with the confidence to be more open with her supervisor in not knowing something. The statement suggests that the expectations placed on Molly were in keeping with her stage of development. Molly feels comfortable being vulnerable with her supervisor and admitting when she has made an error, this represents a positive, responsive supervisory relationship.

Victoria experienced being nurtured as she felt her supervisor really understood her:

“Because he was just out of training, he got it. You know he got the anxiety and the fear, and the imposter syndrome and he was quite by the book still”

Victoria aligned herself with her supervisor, despite them being at different stages of their career she was able to identify with him as a beginner in a sense. Their shared sense of uncertainty allowed Victoria to be honest and accepting of her fears and sense of not belonging without attaching shame to it.

Victoria also felt her coping style was very much understood by her supervisor:

“I developed my confidence in that way, I am such an avoidant copier, so the fact that he gently worked around that, I think that is obviously going to build your confidence... that has been something that has stayed with me” (Victoria)

Victoria demonstrated that her supervisor was very much attuned to her psychological response to stress and anxiety. He managed this with care and in a way which was not threatening to Victoria but in a way which facilitated growth and development. Victoria illustrates how important this was for her development as it is something she carries with her to this day.

Three participants described their supervisors use of observations, scaffolding, modelling and checking in to assist the development of skills and competency in a safe and protected manner:

“I do feel really held in them (screenings) cos you start off and watch and then you might contribute a little bit but at the start you are so nervous, if I was working with someone they'd be like what do you feel comfortable with and then they would be like 'ok I'll sit in the background and if you need anything just look at me and I'll come in” (Fiona)

The process of learning, observing her supervisor, being supported to provide input, and being encouraged to take the lead led to increased autonomy and independence in an appropriate and safe way. Fiona felt supported by her supervisor at all stages, again this infers her supervisor was very much attuned to her needs, pacing the learning appropriately and in a way which Fiona was comfortable with.

4.7.2 Access to Supports

All four participants discussed access to supports. These supports were conceptualised in four main ways, support from peers, informal supervision, accessibility to the supervisor and support from other psychologists. Two of the four participants experienced peer support, for one this was a formal structure whilst for the other it was in an informal manner:

“she actually started a peer support group for formulation with another two AP’s, so we have a clinician here who is recently graduated so she kind of brought us through an example of a case and we came up with formulations” (Fiona)

Fiona’s supervisor is aware of the benefits of peer supervision and has been proactive in introducing this as an additional support not only for AP’s but all member of the team. Fiona highlights the value of the peer support group in terms of learning, *“it is really useful, even as they are going through the case you are kind of thinking of things all the time, like learning all the time”*.

The importance of peer supervision for Victoria differed somewhat to Fiona:

“I would have gone to the other AP’s even though that wasn’t set up as a formal structure, we would have talked quite a lot and formed quite good friendships too” (Victoria)

Victoria suggests she accessed support from her peers when she was uncertain or looking for advice. Whilst it is still a learning forum in an informal manner, it appears to be more so supportive in its nature and perhaps reflects an element of reassurance seeking from those who are in a similar position and understand her.

Three of the four participants reported access to informal supervision:

“but she is really flexible, if I had something outside of that time, I could bring it as well... or we could have informal supervision as well” (Fiona)

The flexible, adaptable nature of the supervisor ensured that Fiona always felt comfortable raising issues or concerns outside of supervision. This was a containing experience for Fiona but also ensures the welfare of clients’ wellbeing as she was not waiting perhaps a week to raise an issue.

Accessibility to the supervisor was expressed by all four participants particularly within the context of concerns for a client’s wellbeing:

“if there was anything where I thought that somebody was not safe or I wasn't safe or whatever she would be great like that and I could ring her at any time, I have phoned her when she has been at home and stuff like that” (Alex)

The ease of access to her supervisor must have been instrumental in alleviating the burden of responsibility when there was a concern for a client's safety. More importantly the ease of access to, and responsiveness of the supervisor in these cases ensured that Alex was not working beyond her competency level and expectations on her reflected her developmental stage as an early career psychologist.

Molly reflects not only on the ease of access to her supervisor but the provision of supervision from another psychologist when her supervisor is on leave:

“there is always an open door policy here... I just knock or email, are you available, she always has the phone on. And then if she is going to be on leave, she will always make sure that one of the other clinical psychologists is here to take me for the hour” (Molly)

Even in the absence of her supervisor Molly is fully supported, this protects her against feelings of isolation or a sense of being overburdened. This experience was also expressed by Fiona:

“I have always felt like I can go to her if I need anything or Sean (another psychologist) or Aisling (another psychologist) and like if she was going on holidays for a week...was like if anything comes up I have asked this person and they are expecting you if you want to go or schedule supervision” (Fiona)

Support from other psychologists was also explored in terms of broadening perspectives and enhancing learning:

“it is really good to get different perspective of the different ways people work and choose which works best for you” (Fiona)

Fiona's experience of working with other psychologists has informed her own practice. It represents the concept of supervisors as role models.

4.7.3 Supervision Processes

All four participants explored aspects of the supervision process which benefitted them, these were discussed in three main ways, the impact of structured supervision, receiving feedback from supervisors and the process of self-reflection.

According to Alex, consistent and reliable supervision was crucial for her:

“from the beginning I knew it was coming every week and that was really important for me” (Alex)

This standard of weekly and reliable supervision space had been established from the offset. The reliability of supervision is containing and helps to ease feelings of anxiety. These sentiments are mirrored by Fiona:

“I liked that we had a set time so you knew when supervision was coming and how long it would go on for and then as the weeks went on if there was anything really pressing you would bring that up in the beginning” (Fiona)

The element of routine described by Fiona perhaps represents a for a sense of security and control in her environment. This could suggest that at times Fiona experience uncertainty in her role or environment, but this was managed knowing there was a specific time to explore these uncertainties and received support and guidance.

Molly’s experience of the structure of supervision was set up in a manner which prioritised her own personal development and also potential external stressors which may be impacting her work:

“I get supervision every week for roughly an hour under my clinical supervisor... we also take into consideration areas for my personal development, what I want to go into next and how she can support me in that... then there is also a side for my personal setting” (Molly)

It is easy to imagine that Molly would very much held in a psychological sense within her supervision. It provides an open door for Molly to discuss anything that may be troubling her in a work related manner and acknowledges that therapists always bring the self into any encounter with clients.

Three of the four participants reported the benefits of receiving feedback in a positive manner:

“She would give positive feedback but also she would also say ‘oh we could do this different the next time” (Fiona)

Fiona’s supervisor provided positive feedback which aids to increasing her confidence but also provides constructive feedback in a helpful manner which enhances Fiona’s future practice.

Victoria experience of reflective feedback was important advice as she progressed into a training programme:

“when we were giving each other feedback he was like, ‘oh you’re not defensive, like, it is a really nice quality and you should bring that with you’” (Victoria)

Molly discussed feedback in terms of praise and positive reinforcement for hard work and a job well done:

“when I do something, an email is sent around saying that she is after doing this for us and giving you credit and that for me is very new” (Molly)

It appears that this form of feedback was uncomfortable for Molly at first but praise through such an open platform is undoubtedly important in allowing her to feel like a valued member of the team. Molly goes on to state that these experiences of positive feedback “gives her confidence”, but she also highlights the important of receiving feedback when she is experiencing uncertainty:

“I have no problem when I am not too sure, I am not sure if I have done the right thing here and she will say ok let’s talk about it and it is just that feedback” (Molly)

It could be argued that as a result of an increase on confidence through praise she was more open to constructive feedback when she was unsure of what she was doing. Such an openness facilitates ample opportunity for learning and progression which will impact positively on Molly’s competencies and skill acquisition.

Three of the four participants highlighted the importance of prioritising a space for self-reflection within the supervision process:

“I think the conversations that we had within the office we worked in that was where the process happened, the process supervision and the exploration and curiosity and all of that stuff” (Victoria)

Victoria illustrates self-reflection as a process of learning which extends beyond the formal weekly hour of supervision. She exemplifies it as a constant, ongoing process of learning. Her tendency to be curious and wants to explore things further conveys an individual who is eager and motivated to learn and expand their understanding and perspective. The ability to self-reflect is a skill, which Victoria's supervisor has helped to foster in her. The skill of self-reflection can protect against feelings of overwhelm of burnout and will serve Victoria well in her future career.

Fiona describes her experience of self-reflection as building a greater sense of self-awareness and a greater insight as to how one always brings part of themselves into the therapy session:

“if I was finding it difficult (work with a client) she would encourage me to pull it apart and see why that difficulty might be about. So, what you are bringing to it, you might perceive a difficulty that is not really there” (Fiona)

Through the process of reflection with her supervisor Fiona appears to have developed a greater understanding of her own biases and prejudices, through increased awareness.

4.8 Superordinate Theme: Challenges

Challenges were explored by all four participants, they were discussed in terms of managing conflict, and negative psychological consequences. Managing conflict includes avoidance of conflict, resolving conflict with a supervisor and conflict with other team members. Participants explored negative psychological experiences during their role such as unhelpful power imbalances, feeling exploited, undervalued and disempowered.

4.8.1 Negative Psychological Consequences

Three of the four participants conveyed negative psychological experiences during the role as AP's. Alex describes her experience of supervision as a last priority:

“supervision could feel rushed and sometimes it could feel... like the least priority, not much of a priority... if any supervision was going to be moved or if she needed to get an hour back from somewhere it would be my supervision” (Alex)

Alex's description of her supervision as unimportant led to her feeling insignificant and a sense of her role as not of value. As her supervision was not a priority, she internalised

the message of, “*well no you are not a trainee you are an AP and your supervision is bottom of the list*”. This highlights the extremely vulnerable position AP’s can find themselves in and how susceptible they can be to negative experiences of supervision. It also represents the harmful power dynamics that can come into play. This experience of her supervision as unimportant led to increased stress in her role, “*I guess it was stressful and it was reinforcing the idea of ‘I am the bottom here’*”. When someone is not supported or valued in their role it can lead to increased feelings of being overwhelmed and burden leaving them susceptible to burnout. Alex also reflected on her experience of feeling exploited “*it was like ‘we need to get out of her what we can before she leaves’ you know like?’*”. This further illustrates just how vulnerable AP’s can be in their role and perhaps reflects the dangers of an AP working beyond their capability without sufficient support. Alex further illustrates the dangers of power dynamics in the workplace stating:

“It was stressful, but do you know you just have to make it work because you cannot really be seen kind of kicking up a fuss” (Alex)

AP’s are dependent on their supervisors for references should they wish to progress onto training programmes, this can leave an AP in an extremely vulnerable position and feeling as though they cannot speak out against wrong doings. Alex’s extract gives the sense of one feeling trapped.

Similarly, to Alex, Victoria also expressed her negative perceptions of psychologists and how she senses power dynamics may be used by more psychologists:

“There are such power dynamics and I feel sometimes the power dynamics feed the egos of the supervisors personally and there is a reason why they don’t want to talk about it” (Victoria)

This highlights how early negative experiences of supervision can be harmful to the early career psychologist. Victoria conveys suspicion of more senior psychologists and this could lead to her employing unhelpful defence mechanisms in supervision, hindering her learning and development. Alex highlighted the issue of negative coping mechanisms:

“you know completely you know I guess like lie about how they’re feeling, you were just denying yourself how you were feeling” (Alex)

She goes on to state:

“you just have to be so glad to get supervision... I thought I was being so glad... I'm so glad to be here, I'm so glad for your time, I'm so glad to have these cases to discuss, do you know? You have to be so glad about everything and sometimes you are not feeling so happy” (Alex)

Alex attempted to cope with negative emotions and negative experiences of supervision through denial and suppression of her true emotions. It depicts a person who feels completely isolated in their role and someone who has nowhere else to turn for advice or support.

Victoria also illustrated how negative perceptions of AP's can be detrimental to growth and development:

“there was this whole narrative going on in the public sphere about how much responsibility is appropriate to give AP's, certainly on twitter there was psychologists talking about it... what is or isn't appropriate for an AP to do, clinical risk-how is that being managed, there was all of this conversation and controversy going on at the same time ... I absorbed that certainly so then it was like because I saw senior people doubting what an AP can do so then I was like well if they think that then I obviously think the same because I am already thinking that a little bit you know... it certainly affected me and yeah it made me a bit more dependent on my supervisor in terms of decision making I think” (Victoria)

Victoria internalised the perceptions of more senior psychologist of AP's as being incapable. She conveys a sense of imposter syndrome which was reinforced by conversations in the public sphere. This had a significant impact on her practice as an AP rendering her dependent on her supervisors and disempowering her. She doubted her own abilities and value in the role in the same manner others had as she states,

“well I don't know if I am allowed to make decisions because I don't know if that's within my realm of competencies, because that's what all the seniors are saying”

It is understandable that this negative internal belief of the self as incapable in their role would negatively impact her practice.

Three AP's discussed the difficulties of the nature of the pilot scheme as time limited. Molly succinctly illustrates the impact of this and highlights the pressure she was experiencing:

“it should only be seen as a steppingstone to get into the programme... the thoughts of having to leave a job I love, the pay is crap but it's still pay and the fact that I love it...when he rang me I was nearly crying on the phone, I was like oh my god I can't believe it. (Molly)

Molly is describing a situation in which she was informed by a senior member of the psychology team that the pilot scheme was being extended. The sense of burden on Molly is palpable when she describes that she was nearly crying when she found out. Molly, like many others, is juggling the pressures of gaining a place on the programme with external homelife pressures also. It highlights the level of sacrifice AP's make in order to pursue a career in psychology. Whilst the pay of AP's is hopefully decreasing the economic and social gaps of those applying for courses, it continues to highlight the problem of clinical psychology as an elitist occupation. For Molly, the impact of discontinuing the pilot scheme, meaning she will no longer be in paid employment would be colossal.

Alex also conveys challenges with the structure of the pilot scheme:

“it was so demotivating and you feel so trapped because you have nowhere else to go, you know you are in these paid jobs, you are off the panel now, there are no... you are not going to go back working voluntary... it was just so frustrating but there is just nothing you can do. You just have to keep going” (Alex)

Alex illustrates the challenges with the lack of policy and pathways guiding AP's if they are experiencing difficulties in their placement. Typically speaking the AP's would be expected to raise issues with their supervisor however it is understandable that this could prove to be extremely difficult and may place the AP's future in danger as they are reliant on references from those same supervisors to progress.

4.8.2 Conflict

Three of the four participants also discussed the challenges they faced in relation to conflict. Alex explores her own personal difficulties facing conflict and her tendency to avoid conflict at all costs:

“there was times where maybe I had thought like I wouldn't do it like that or I'm not sure about this or I don't want to do that because I don't think it's fair, but I would usually just get on with that do you know, and whatever she said I would just go with it” (Alex)

Alex's predisposition to avoid conflict meant that her voice was not heard. She also conveys an environment which was not conducive or receptive to alternative or contrasting thought or opinions. Alex reflects the power dynamics that come into play here for her, she is dependent on her supervisor and does not want to get on her wrong side. Alex's use of the word "*fair*" suggests that there were times she did not agree with the practice but felt compelled to keep silent, she goes on to state: "*just keep your head down and 'yes Sir no Sir, and do what you want me to do' kind of*", this gives the impression of a person who felt trapped with nowhere to turn, and a person who felt inferior in their role.

Molly describes her experience of conflict with a member of staff external to her own service:

"that was horrible, trying to sit with that anxiety and she (Supervisor) agrees with me that I didn't do anything wrong but that psychologist contacted her, 'who does your AP think she is, does she know who I am, she has no boundaries', if she didn't want me ringing why didn't she email me back and say go through" (Molly)

Molly's experience of conflict reflects the challenges of internal politics and the power dynamics within the broader organisation. Molly's extract suggests the psychologist was inappropriate in her handling of the situation yet wasn't the individual reprimanded. It also highlights the challenges that can occur when working in a multisystemic manner.

Victoria experience conflict in her relationship with her supervisor:

"the real conflict that would have arisen was when he said I was competitive, am, and I went away being like irritated and annoyed and like what no I'm not. I probably am a little bit. I wasn't ready to take ownership of that part, but I am a bit competitive" (Victoria)

Despite an open, honest and warm relationship with her supervisor, Victoria experienced her supervisor's reflection on this aspect of her characteristic as aversive which triggered her defensives as she describes being "*irritated and annoyed*" and conveys feelings of denial. It was not a trait which Victoria was aware of and she experience it as a threat to her self-concept. It could be presumed that if Victoria viewed competitiveness as a negative trait, she may have assumed that so too did her supervisor, and in saying this to her was slighting her.

Reflective Box

I was really struck by the presence of such power dynamics at play for some of the AP's. Even the implicit message of power imbalance experienced by one AP as her supervision sessions were frequently cancelled had such a powerful impact on her. When the issue of power is present, it has the potential to have such a negative impact on AP's who are somewhat vulnerable as novice therapists, internalising the messages (either implicit or explicit) from their superiors. This brought up in me feelings of anger, resentment and a desire to protect the AP. This is perhaps in part due to the fact I am not long out of my own AP roles. I found I had to be extremely mindful of my own reactions during these aspects of the interviews and try to employ an unbiased approach. The issue of power came as quite a shock to me as I was not expecting it to be so prevalent, what also struck me was how AP's felt so trapped and helpless within this.

4.9 Chapter Summary

Both supervisors and assistant psychologists alike emphasised the importance of a nurturing and containing relationship as the backbone of development. Only when AP's feel supported within a safe environment and encouraged outside of their comfort zone can they thrive and advance. The burden and responsibility of supervising AP's cannot be overlooked and may perhaps have been underestimated or not fully accounted for when the pilot scheme was put in place, many supervisors experienced challenges in accessing appropriate support and reflective space in their roles. Whilst AP's highlighted the significant detrimental effects of poor supervision practices, leaving them feeling insignificant, unsupported, exploited and not heard. The AP's demonstrated a sense of being extremely vulnerable in their roles at times. Whilst both groups reflected on many positive aspects of their experience it is evident there is much progress to be made.

Chapter Five: Discussion

5.1 Chapter Introduction

This chapter provides a critical discussion of the study's main findings with reference to the existing literature and the distinct contributions of the current study are demonstrated. The literature which was previously outlined in Chapter Two will be considered in light of the central research findings in the current study. The strengths and limitations of the current study will be followed by a critical reflection of the research process overall. Potential clinical practice, policy and educational implications will be discussed as will opportunities for potential future research. Lastly, the chapter end with a brief conclusion regarding the study overall.

5.2 Summary of Findings

The study aimed to generate rich and deep insights into the experiences of clinical psychologists who supervised AP's and the experiences of AP's who were supervised under the new AP pilot scheme. The study was primarily focused on participants lived experience of supervision. The accounts were elicited from participants who had direct and relevant experience of supervising AP's under the scheme and AP's who were supervised by clinical psychologists under the scheme. The study verifies the view that by offering context to a person's individual experience and by highlighting the subjective meaning of their experiences can provide a greater understanding of the phenomenon of clinical supervision for both AP's and clinical supervisors. Whilst participants individual experiences were distinct in part, definite patterns were identified throughout the process of analysis of participants transcripts, these will now be explored in more depth drawing on the current literature available.

5.3 Findings in the Context of Previous Literature

5.3.1 Journey of Growth (Clinical Supervisors)

Participants narratives focused largely on facilitating growth and development of the AP's through attuning to the individual needs of the AP. Participants approach to learning largely mirrors the Bernard and Goodyears (2004) Integrated Developmental Model of supervision, in which participants aimed to identify the needs of each AP adapt and change the supervisory approach to meet these changing needs.

Whilst aspects of participants approach towards skill development are accounted for in the IDM model the, it does not wholly account for participants emphasis of the supervisory relationship as a medium for learning. The concept of the supervisory relationship and how it impacts on learning and development may be better account for in Holloway's (1995;2016) system approach to supervision which views the relationships between the supervisor and supervisee as the bedrock of learning. Participants reflections of caring for both the AP and indirectly the client via the supervisory relationships symbolises the multifaceted role of the supervisor.

Interestingly, whilst participants spoke at length about the importance of the supervisory relationship, the issue of power within this context was not commented upon. The tendency to avoid explicit discussions of power dynamics is not unique to the current study (Murphy and Wright, 2005). Participants disinclination to highlight such inherent power imbalances which exemplifies the hierarchical structure within the discipline could represent participant discomfort or perhaps reflects reprehensible perspectives of power, and a matter which should be avoided and concealed.

5.3.2 Sense of Responsibility (Clinical Supervisors)

Participants narratives regarding responsibility reflects the need to protect their AP, comparable to how a parent wishes to protect their child from the dangers of the outside world. This notion of parenting imitates Hawkins and Shohet's (2000) concept of the "good enough" supervisor, representing the object-relations concept of the "good enough" parent. The reflections from participants and their need to protect the AP by providing a safe, containing experience and environment, ensuring the AP is not working beyond their capacity and shielding them from outside forces mirrors Hawkins and Shohet's (2000) concept within their seven-eyed model of supervision of the supervisors main and enduring role as a providing containment for the supervisee. It specifically alludes to the seventh domain of focus for exploration in supervision; the broader context, such as the impact from systemic, organisation and professional elements. Characteristics of the role of a supervisor as a protector and parent highlights how demanding the role is and the reverence supervisors have towards both their role as supervisors and towards their AP's.

Reflective Box

I was taken aback by the degree to which participants experiences conjured up images and representations of the parent and the child dyadic relationship. The references towards proximal development, being attuned to the needs of the AP, wanting to protect the AP, and the time and effort spend investing in the development of the AP brought to my mind aspects of the attachment theory, whereby a positive, healthy relationship is the foundation for the healthy development of the child, or AP in this case. I found it challenging to weight this up against the contrasting experiences of the AP group in relation to the negative psychological effects some experienced in their role and the issue of power imbalances. It made me concerned that perhaps these contrasting findings were representative of those who chose/ did not choose to participate in the study and I wondered to what degree this impacted on the findings of the current study.

Participants experience of responsibility is similar to that captured by Glover and Philbin (2017) and their reference to supervisors' "enormous" sense of responsibility in their role and subsequent coping mechanisms employed by supervisors as they tried to manage this. Various sources of support which helped participants to manage the burden of the role was emphasised. The opportunity to access support from those in a similar situation provided a sense of shared identity, it is not surprising that connecting with others in this way buffered against effects of high levels of responsibility and competing demands.

5.3.3 Challenges (Clinical Supervisors)

Reflections on unmet needs demonstrates the increased workload of clinical psychologists when they become supervisors. As highlighted by some participants time pressures negatively impacted on the supervision they could provide with limited space and time for reviews and self-reflection. Others experienced challenges in maintaining services when AP's gained placements on clinical programmes and were not replaced. This had a seriously negative impact on service provision and timely intervention for clients. It also perhaps reflects the significance of the AP role and how they quickly became an integral part of the services.

The service issues faced by participants were experienced as negatively impacting on their sense of being supported, increased the sense of feeling overwhelmed and impeded on participants ability to carry out their role in an effective manner. This is perhaps reflective of

a broader issue of financial constraint across the entirety of the HSE, however the impact this has on clinical psychologists' ability to effectively and confidently carry out their work cannot be overlooked. These findings suggest there is an absolute need for primary care psychology services to be more sufficiently funded.

5.3.4 Good Supervision (Assistant Psychologist)

Participants expressed a sense of being nurtured in their role, highlighting access to supports and effective supervision processes. Participants experience of feeling nurtured is reflective of clinical supervisor's endeavour to protect the AP and elements discussed within the superordinate theme 'Journey of Growth'. Participants spoke of paced learning, feeling 'held' in their work and an increase in self-confidence as a result. Participants experiences in this way demonstrates how their supervisors were attuned to their needs. Their sense of being nurtured and attuned to mirrors the supervisor's inferences towards a parent/child dyad in their working alliance with the AP, with participants sense of feeling cared for illustrating the parental role of the supervisor (Hawkins and Shohet, 2000). This aspect of good supervision infers the presence of a positive supervisory relationship and coincides with Celano et al., (2010) and Newman (2010) concept of the therapeutic alliance as a significant component of supervision and a sense of feeling supported. The impact of being nurtured in their role led to an increase in self-confidence for participants, this finding imitates findings from other studies such as Cashwell and Dooley (2001) who found that when therapists were accessing supervision, they exhibited higher levels of self-efficacy in their role. This finding demonstrates how important it is for AP's to feel fully supported in their role and contained in their work in order to facilitate not only skill acquisition but also a sense of professional identity.

The importance of open access to support was stressed by all participants. It was expressed in terms of ease of access to supervisors, peer support, and other psychologists. Access to support led to participants feeling safe and supported in their role at all times. The importance of access to supports was a shared experience within both groups and reflects how ability to access such support within the work of a psychologist is imperative all regardless of the developmental level of the clinician.

Such high levels of felt support suggests that participants were met with a high level of adherence to the PSI Policy Document: Guidelines for the Employment of AP's in Ireland (2014), with particular faithfulness to the recommendations that adequate professional

supervision is maintained for the duration of the AP's contract and that the AP's are not assigned to tasks that are over and above their level of competence for which they are unqualified.

Participants emphasised the importance of consistent and reliable supervision, when supervision was prioritised in this manner it enabled to participant to feel valued and secure in their role. A sense of being valued in their role perhaps extends beyond supervision which is reliable and consistent but maybe demonstrates underlying processes such as the supervisors regard and response towards the participant during supervision. For instance, Burkard et al., (2009) found that when supervisors reacted positively towards the novice therapist's identity, this created a sense of being "affirmed, validated, and respected". It is also perhaps reflective of supervisor's high regard of AP's and their sense of AP's as crucial for service provision. Other imperative aspects of supervision which facilitated growth, increased insight, awareness and skill development was the ability to receive feedback from one's supervisor and a protected space for self-reflection. This finding perhaps suggests that models of supervision should give further consideration to the specific supervision processes and protocols used to enhance development. It highlights the need for a more explicit approach to supervision procedures for example, how often supervision should occur, outlining shared expectations from supervision and provisions for when a supervisor is absent which reaffirms the importance of consistency and reliability.

5.3.5 Challenges (Assistant Psychologist)

All participants expressed challenges they faced in their role, either when faced with conflict or negative psychological consequences born from poor supervision practices, the structure of the pilot scheme and attitudes towards AP's.

Participants narratives within this theme represent a salient paradox, contrasting their experiences of 'Good Supervision' and also inconsistent with the supervisors' accounts of protecting, caring and facilitating growth of the AP. The challenges experienced by AP's were inarguably reflective of harmful power dynamics within the supervisory relationship. Overt representations of these power dynamics were expressed in terms of supervision as not being a priority, frequently cancelled supervision session and being overburden with heavy workloads, leading to feelings of disempowerment and a sense of inferiority and exploitation. This coincides with Wilson et al., (2016) who found negative aspects of supervision were

largely related to issues regarding power, leading a sense of being dismissed, disregarded and vulnerable in their role.

The striking weight of power dynamics is evident in participants expressions of how this impacted on their own sense of value, self-efficacy, dependency and increased stress. AP's were far more explicit and open to exploring experiences of detrimental power dynamics than the supervisor group. Perhaps this is because the issue of power is more pertinent to them, however the inability or avoidance of the supervisory group to acknowledge potential problems with power reinforces its relevance, complexity and presence. Other challenges experienced by AP's included experiences of conflict and the structure of the AP pilot scheme, both of which also further highlight the presence of power dynamics, and also the difficulties that AP's can experience within the hierarchical structure existent within the discipline of psychology. These findings suggest that more must be done to protect AP's from being exploited in their roles or exposed to unhelpful negative appraisals from others.

The findings of the current study reinforce Hughes, Campbell, and Byrne's (2015) argument that supervisors must hold in mind the effects of intrinsic power differential at play within the supervisory relationship and ensure there is safe space where AP's can air grievances if needed. Policy and practice guidelines must be more overt in accounting for the presence and issues regarding power dynamics for this cohort.

5.4 Comparative Findings

This section will consider the commonalities and differences between the findings of both groups. This section will also consider the findings within the context of supervision models and therapy training.

The narratives expressed by both groups regarding the importance of attunement, identifying individual learning needs, matching task demands accordingly, and the helpful techniques employed to enhance development suggests both groups were operating largely within the integrative developmental model of supervision.

Both groups reflected a shared sense of a parental/child dyad. Supervisors referenced trying to protect their AP within their role but also with the organisation as a whole, almost as a parent tries to protect their child from the outside world. Learning strategies employed by supervisors and referenced by the AP group reflected the process of proximal development,

as the AP's were provided with a safe and secure base through a containing supervisor, they were able to access new learning experiences which facilitated growth and development. As supervisors endeavoured to facilitate growth and learning within a contained environment, this was experienced by the AP's as a sense of feeling nurtured and valued, inferring the presence of a secure attachment.

The representation of the parental/child dyad is strikingly paradoxical with respect to the negative experiences expressed by the AP group as a result of harmful power dynamics and hierarchical structures within the discipline. Interestingly, this overtly salient issue for AP's was not referenced by the supervisor group and contradicts their narratives of a good supervisory relationship and drive to protect the AP, it could be argued that this reflects supervisors endeavour to present a positive representation of both the discipline and their role. Alternatively, it could reflect selection bias within the current study, whereby those with more negative experiences and perspectives towards the AP pilot scheme chose not to take part, this would be supported by the difficulty with participant recruitment.

The disinclination to explicitly discuss issues of power, potential selection bias and the contrasting themes derived within the AP group depicting both positive and negative experiences illustrates the presence of a sense of threat within the system which both AP's and supervisors are operating in. The newness of the pilot scheme means that it is under scrutiny and the watchful eyes of others with contradictory perspectives towards it. This is demonstrated by the challenging discussions, sometimes reflecting more negative attitudes towards the scheme occurring within the public sphere. Perhaps the sense of threat for supervisors and AP's alike is partially rooted within this. However, it is likely that this reflects the issues of inherent power dynamics existent within the hierarchical structure of the discipline.

Whilst models of supervision consider the role of the supervisory relationship in part, they have tended to neglect the pertinent and very real issues of power and hierarchy relating to the supervisory relationship. Based on the current findings, it is argued that one cannot consider the supervisory relationship and disregard the role of power. The structure of the supervisory relationship itself, where one is dependent on the other for guidance, learning and references, dictates the presence of power. Supervision models must consider how power dynamics underly and effect the supervisory relationship and how in this way power can influence supervisory processes.

Comparable findings from both groups regarding the importance of access to supports also demonstrates how the process of supervision is broader than the singular dyadic relationship between supervisor and supervisee. Both groups were emphatic in their regard for access to peer supports, this appeared to bolster the formal supervision in place, in which supervisors were contained in their role and AP's were able to experience a sense of shared identity and understanding with other AP's. This suggests that the supervisory models would benefit from adopting a broader perspective of supervision, considering the indirect role of peers and colleagues (of the supervisor and supervisee) in this process.

5.5 Strengths and Limitations

Within this section, the strengths and limitations of the study will be delineated and discussed. The findings outlined in the current study are based on a small sample of individuals who consented to participate in the study. These findings are only representative of the experiences of this particular group of individuals and should therefore be regarded as suggestive rather than conclusive in terms of their generalisability to other individuals experience as an AP or clinical supervisor working within the AP pilot scheme.

The use of IPA as a methodological approach can be considered a strength in the current study. It facilitated the identification of hidden meanings in the data and identified new routes for future investigations. Furthermore, IPA recognises its innate limitations in a clear and transparent manner. It acknowledges the centrality of the researcher's biases and assumptions in the interpretation of the phenomena under investigation. Attempts to limit the influence of these biases and to heighten rigour included the researcher's upkeep of a clear audit trail and ownership of reflexive thoughts and observations.

The interpretative aspect of the research can be deemed a relative strength and of importance when regarding the original contribution of the study. Interpretation is an outcome of the interactions between the researcher and participants and is only one interpretation. Alternative interpretations of the findings are plausible.

Notwithstanding the challenges of accessing individuals agreeable to participate in the study, this research managed to identify 8 individuals willing to discuss their lived experiences of supervising AP's under the pilot scheme and AP's lived experience of supervision under the scheme. This was accomplished through a patient, non-pressured approach to recruitment, with the researcher being explicit in relation to the high importance and regard towards maintaining confidentiality of the participants. All eight interviews

offered significant insight to the researcher into what it is like to supervise AP's under the pilot scheme and what it is like to be supervised as an AP under the pilot scheme. The eight interviews included in the study were subjected to meticulous and exhaustive analytic procedures, leading to the conceptualisation of superordinate and subordinate themes within both groups which serve as a foundation for future research to explore in more depth.

The main research question of the study aimed to explore clinical psychologists' experiences of supervising AP's and AP's' experiences of supervision, within an Irish context under the AP scheme. A strength of the research is that it was successful in achieving this aim and unearthed participants insights into what worked well, the challenges they experienced and unmet needs which must be addressed in terms of future policy, practice, education and future research.

A major limitation of the current study is in its small sample size. Whilst there were eight participants overall, there were only four in each group. Despite persistent endeavours to recruit more participants for the study, this was unfortunately not possible. Initially, within the AP group there were five participants interviewed, however one participant requested their data be revoked prior to the analysis stage citing concerns pertaining to confidentiality. Within the supervisor sample, one participant also had concerns related to confidentiality, these concerns were alleviated as the researcher provided a copy of the anonymised transcript to the participant once transcribed. All participants were offered a copy of their transcript with the opportunity to rescind any information contained within it that they were not happy with or if they would like any data re-worded. None of the participants within the study chose to do so. It is hypothesised that concerns pertaining to confidentiality partially underpinned the small sample size. It is possible that this highlights some fundamental issues within the discipline of psychology. It is accepted that the world of psychology within Ireland is exceptionally small, additionally, as the pilot scheme was an innovative and novel programme within Ireland, it is understandable that it would be under the scrutiny of many watchful eyes, with differing agendas and perceptions. Within this context it is understandable that potential participants may have felt inhibited from participating, owing to possible repercussions in the form of negative attitudes and judgements from others. It is reasonable that AP's felt inhibited from contributing towards the study if they were still without clinical placements and had had a negative experience within the scheme, it highlights the implicit vulnerability of AP's in their role and harmful power dynamics. Some participants concerns pertaining to confidentiality may have influenced the findings of the

current study. It is possible that participants were mindful not to disclose first-hand experiences which may reflect a poor light on the profession of psychology. We could infer that difficulty with recruitment and the concerns of some participants highlights a distinct phenomenon within this population which requires further exploration but cannot be addressed only speculated on within the current study.

Due to low participant numbers, saturation was not reached. Many participants described the experiences of fellow colleagues (both AP's and supervisors) which were not reflected in their own experiences, it could be argued that those who had negative experiences of the scheme or negative attitudes towards the scheme were less inclined to participate. Based on the small sample size and anecdotal evidence provided by participants it is reasonable to assume that had the study contained more participants different findings and themes may have been identified. This also perhaps suggests the need to employ different methods of data collection when exploring this subject matter in future research studies.

Another limitation within the study is owing to unavoidable circumstances one interview had to be conducted via questionnaire, it can be assumed that as a result of this the collection of richer, more in-depth data was lost within this questionnaire. Had data collection been conducted via an interview, this would have enabled the researcher to develop a rapport with the participant and may have led to the identification of other important aspects of their experience of supervision, as semi structured interviews allow for.

The findings within the study are highly contextualised and are not suggestive of experiences of voluntary AP's, clinical supervisors of trainees or AP's within voluntary roles or fully qualified psychologists. Moreover, they are highly contextualised to Ireland and to the discipline of psychology. Inferences cannot be drawn from the current study and applied and generalised within the context of the aforementioned. Furthermore, generalisability to other individuals who provide supervision to AP's under the pilot scheme or AP's supervised under the pilot scheme who did not choose to take part in the study may be difficult.

Additionally, each participant was interviewed at one unique time point in their journey. It is plausible that had participants been interviewed on another day different information and insights may have been explored. It is likely that had individuals been interviewed at different time points possibly richer and more in-depth data may have been unearthed. The current study did not account for the potential differences between AP's who were still in their role under the pilot scheme and those who had progressed onto clinical

programmes, having made the differentiation, may have led to the distinction of different themes and findings as their experiences and insights through career progression may have changed. Additionally, the current study did not account for clinical supervisors' length of experience of clinical practices, and prior experience of supervision which may have impacted on the insights and experiences provided.

5.6 Critical Reflections

As the primary researcher in the current study it has been necessary to remain mindful of the importance of recognising my centrality in the current study. Given my own interests, preconceptions and role within the area of research, it is important to explore the role my life experiences, personal values and expectations played throughout the course of the project as it is possible that these may have influenced the interpretative process and compilation of the overall report.

I entered into this research process passionate and curious about shedding light on how AP's and clinical supervisors experienced supervision, particularly within the context of the pilot AP scheme, given it is a new layer to the existing structure of psychology in Ireland. I believed something happened in supervision that allowed AP's to grow and develop which was facilitated by clinical supervisors, but what that was seemed nebulous and difficult to grasp. Having reviewed the existing literature, I became more aware of supervision models, and the importance of the supervisory relationship. I developed a heightened understanding of how supervision was experienced by those providing and receiving supervision.

My own preconceptions of supervisors were established through my own prior experience of supervision. I had envisaged the supervisor as someone who is all knowing, managing their role with ease, confidence and in a relatively stress free manner. This is probably a reflection of my experience of being contained within supervision by my previous supervisors. I was extremely surprised to learn that some supervisors experienced anxiety and questioned their own ability to function as effective supervisors. Even more than this, I was surprised to discover the level of dedication, time and effort that goes into the role. The overwhelming sense of responsibility and the difficulty in meeting the demands of all parties is not something I had given much attention or thought to in the past, which left me with a slight feeling of guilt and made me reflect on just how much my journey through psychology has been helped and facilitated by my supervisors.

I was greatly impressed with the level of competency, knowledge and confidence which permeated from the AP's. I could not help but compare myself as an AP to them, I experienced a deep sense of admiration for how competent they appeared and felt I was much more inexperienced and perhaps even naïve when I was at that stage of my journey. I feel this is in part a reflection of the training they had received and the experiences such training has afforded them within a more formal structure. I reflected on how this experience and level of competency would benefit them as they hopefully commenced on clinical training programmes.

When in the process of putting together a research proposal I had perhaps foolishly thought that I would recruit participants with relative ease, this was certainly not to be the case. It gave me a heightened sense of how the world of psychology in Ireland is extremely small and made me even more contentious to treat the matter of confidentiality with the upmost regard. I was meticulous and thorough during the transcription and analysis phase of analysis to ensure that all identifying information was omitted. It also led me to consider what psychological processes inhibited potential participants from taking part in the study, was it fear of shedding light on negative experiences of the AP pilot scheme or perhaps fear of judgement or retribution from others?

The role of power within the supervisory relationship, both implicit and explicit proved particularly challenging to me. When difficult discussions arose during the interviews pertaining to power, I noticed feelings of anger and resentment in myself, and was aware of a great desire to protect and mind the AP's similar to supervisors' references of nurturing and protecting their AP. By having a great awareness of my own internal reactions, I attempted not to allow these reactions to seep into the interview and I endeavoured to remain as unbiased as possible. It is a matter which I reflected upon greatly throughout the course of analysis and write up, and I felt a sense of duty and responsibility to accurately and appropriate capture this issue in a coherent manner. Yet, I was mindful to balance this fairly with the extracts and accounts which reflected extremely positive supervisory experiences, which were in abundance.

5.7 Implications for Clinical Practice

It is hoped that the current study will add to the existing literature in the field of supervision in clinical psychology. There is no qualitative research to date in Ireland which focuses on the lived experiences of clinical psychologists supervising AP's and AP lived

experience of supervision. This study highlights the role of the supervisors' sense of responsibility, their efforts at finding a balance in their approach, and how they endeavour to facilitate learning, the impact of the relationships, the challenges they face in their role and how they perceive AP's as impacting on service provision. This study highlights crucial aspects of effective and helpful supervision, and also highlight difficulties within the role such as the unique vulnerable nature and the negative psychological consequences that AP's have faced in the role, it also delineates the challenges AP's experienced.

In light of the findings from the current study the following recommendations have been laid out to guide future clinical practice within the context of supervision for AP's under the pilot scheme.

Given the importance of the supervisory relationship, it is would be helpful for supervisors to invest time in getting to know the AP and attuning to their individual learning needs. The ability to be open and honest within a containing relationship was a highly salient factor for both groups. It may be helpful for supervisors to model this for AP's within the supervisory relationship. In consideration of the findings within this study that suggest AP's' experiences of supervision have been internalised and influence them as they progress, it may be useful for supervisors to consider this as part of the reflective process and supervisory relationship.

Supervisors have highlighted the importance of being flexible within their role and take into consideration what an AP can and cannot do dependent on their developmental level. It is felt that it would be beneficial to maintain this flexible approach which allows supervisors to employ clinical judgement based on the AP's developmental needs.

Many helpful modes of teaching have been identified by both AP's and supervisors, including the opportunity to observe the supervisor in their work, supervisors modelling competencies, scaffolding learning and regular feedback. Perhaps more important than the modes of teaching used was the AP's sense of containment in their role. It is recommended that supervisors should endeavour to provide a containing experience for the AP, whereby the AP always feels supported in their work and has the confidence and faith in the relationship to know it is OK not to know everything. Not only is this supportive for the AP and aiding to facilitate learning but it also ensures client welfare as AP's are more honest about their limitations.

Another important aspect of the supervision process for both supervisors and AP's alike is access to appropriate supports. Where possible, it would be helpful for the process of peer supervision to be prioritised for both groups. For those working alone in a service, it may be helpful to initiate contact with other services in the locality and develop such groups. Peer supervision appears to act as a container for both supervisors and AP's and arguably buffers against high levels of responsibility and subsequent stress and anxiety. The findings demonstrate that peer support groups are felt to be more effective in a face-to-face format, therefore it is recommended that where possible, peer support groups should not be replaced by remote or online methods.

Acknowledging the negative psychological impacts of supervision which is frequently cancelled or changed to facilitate other activities, it is recommended that supervision is viewed as a top priority. In the absence of the supervisor another psychologist who can provide supervision should be identified. Without adequate supervision, AP's feel under-supported, undervalued and poorly equipped to carry out their role. Supervision is a crucial practice for the AP. It is recommended that future supervision dates be marked in the diary for the upcoming weeks and months as this practice has been shown to have a containing effect for AP's.

In light of the descriptions of competing demands, it may be useful for prospective supervisors to revise their workload with consideration to the time required to carry out all necessary supervisory tasks. In consideration of how busy services may be, it is important that the service providers have an awareness and regard for the time supervisors must invest in their role. Re-organising workloads in a more manageable way may alleviate high levels of stress and buffer against supervisors being overworked and overburdened in their role.

It is important that supervisors are mindful of the power dynamics that are involved in the supervisory role. The negative effects are evident from the findings of the current study and interactions must be managed carefully, particularly when conflict arises. Issues or potential issues pertaining to the role of power dynamics could be explored and discussed openly with AP's during the reflective process. Openly acknowledging power dynamics gives the AP permission to do so also if they feel they are experiencing this in a negative manner.

It may be helpful that aspects of self-care are explored with the AP. By valuing self-care and openly promoting it, buffers against stress and burnout. AP's who learn the

importance of self-care early in their career may be more inclined to view it as an important aspect of their role as they progress through their career, leading to more effective clinicians.

5.8 Implications for Education

Given the presence and role of power within the supervisory relationship it is important that power is explicitly discussed and explored within the mandatory training supervisors receive before commencing their role. Openly discussing the topic will hopefully ensure supervisors are more mindful of this issue when they are engaging with AP's, helping to negate against possible negative psychological consequences for the AP's.

Owing to the great sense of responsibility and burden supervisors can experience and the AP's experiences of negative psychological consequences in their role, it is imperative that education pertaining to importance of effective self-care is provided. This would safeguard against heightened levels of stress and the possibility of burnout. Education regarding self-care could take the form of a training or practice day during AP's and supervisors training prior to commencing their roles. As AP's and supervisors are more aware of the potential for anxiety and stress in their roles, they will be better able to identify this and be prepared to employ more adaptive coping mechanisms.

AP's may benefit from availing of education on supervision. This should be incorporated as part of the AP training schedule delineating how AP's can use supervision effectively. Given that many AP's may not have prior experience of clinical supervision, it should also focus on the function of supervision, expectation and what supervision should look like, for example how frequent it should be, the length of supervision sessions, the establishment of supervision contracts and the need for prepared agendas. This will set a solid foundation and help prepare them for the many supervisory relationships they will build over the course of their psychology career. AP's may require ongoing input in relation to supervision over the course of their contracts as their learning needs evolve and as they progress and develop, acquiring more competencies and knowledge. It may also be helpful for AP's to have an opportunity to reflect on their experiences of supervision. This should be achieved by implementing additional training days at various timepoints for the AP cohort.

5.9 Implications for Policy

Supervisors highlighted the significant difficulties they faced in terms of service provision when an AP left their post to take up a training programme and were not replaced,

these included negative effects on wait lists, increased wait time to intervention, reduced number of interventions available such as groups intervention and consultation work, it also means that potentially inappropriate referrals cannot be identified in such a timely manner. For most of the participants within the supervisor group, AP's were a crucial element for effective, timely intervention and were a major facet of service provision. It is therefore felt that policies reflect these experiences which safeguard the replacement of AP's as they leave the service. This will ensure the highest level of service provision is maintained.

Similarly, it is important that policies are put in place to account sufficiently for absent supervisors, this may mean that a secondary supervisor is identified from the outset who can take over the role in a timely manner. Such a policy would protect an AP from being unsupported for any period of time in their role. It would also ensure that other supervisors do not become overburdened trying to supervise more AP's than is reasonable or manageable.

A policy document must be established making specific supervision processes mandatory. The negative effects of a lack of supervision, inconsistent supervision or supervision which is not viewed as a priority is evident both in relation to the AP and we can assume the clients they are in contact with. Such a policy should clearly delineate expectancies pertaining to how often supervision will be provided, length of supervision, ensuring a supervision contract is established. Whilst there are guidelines in place pertaining to what supervision should look like, it is evident that this is not being followed in all service areas, as such, more stringent measures must be put in place.

Acknowledging the presence of power dynamics within the supervisory alliance and the potentially vulnerable position of the AP within this it is crucial that policies are put in place which clearly outline the pathway for grievances processes for AP's. It is important that AP's have an avenue for airing grievances and concerns which is separate from their supervisor, this may include the involvement of an impartial third party who not connected to either the AP or the supervisor. This will potentially safeguard against the AP being exploited or feeling trapped in their role. Policy must clearly outline that should a difficulty arise, and the AP has not acted in an unprofessional or unethical manner, they will be entitled to a reference from their supervisor for clinical training programme applications.

Considering how crucial AP's are for efficient service provision, it is arguable that consideration should be given to the need for a permanent AP grade. This will help to ensure services who already have AP's present will continue to benefit. This may also alleviate the

burden on services when AP's leave their posts. It could be argued that to discontinue the programme is to disenfranchise those from lower socio-economic backgrounds or those who people dependent on them to provide.

5.10 Implications for Future Research

Future studies should aim to explore the effectiveness of the AP within services from the viewpoint of the clients accessing the services, as positive client outcomes and experiences should be at the heart of any service providing psychological care. As such it is imperative to explore client's experiences working with AP's. Whilst there will be future national research conducted on the effectiveness of the scheme, it is important to capture the experiences from the client's perspective in order to fully account for the efficacy of the posts. Should future research be solely based on quantitative research and statistics, it is possible that rich, meaningful data is neglected.

As demonstrated, supervisors' experiences of supervision can be influenced by a number of factors, including length of time practicing as a clinician and prior experience of supervising. It may be helpful for future studies to account for these factors which may lead to distinct findings from the current study.

Similarly, based on developmental theories of supervision and the stages novice therapists progress through, it is possible that length of time working as an AP may have influenced participants experiences and the overall findings of the current study. It may be necessary to conduct research at different time points with AP's as they progress in order to capture potentially distinct experiences as they develop and gain more clinical experience. Such longitudinal research is limited within the area of supervision and AP's.

Future research into the lived experiences of clinical supervisors and AP's should be conducted a time in the future when the AP posts are more firmly established. For both groups within the study there was much uncertainty regarding what the role of an AP should be under the pilot scheme. When expectations, practices and policies pertaining to the role of the AP are more firmly established and there is more cohesion across services, experiences for both groups may be much different.

Given the relevance and prominence of power differentials within the supervisory relationship it is felt that future research pertaining to models of supervision would benefit from incorporating and considering this phenomenon more explicitly in their models.

5.11 Study Conclusions

The primary aim of the study was to understand the experiences of clinical supervisors and AP's experience of supervision within an Irish context under the pilot AP scheme. A comprehensive review of the literature identified the crucial aspects of supervision necessary for skill acquisition and development. It also highlighted the lack of research available within the context of lived experience of clinical psychology supervisors and experiences of AP's both nationally and internationally.

By actively engaging with participants it was possible to capture the lived experiences of these two populations, from their own personal perspective, which when examined in conjunction with previous research investigating supervision methodologies, best practice guidelines, supervision processes which both hinder and facilitate development and lived experience of supervisors and supervisees illustrates the complexity of this phenomenon.

The findings in the current study are largely consistent with the existing research, such as the importance developing a strong supervisory alliance through openness and honesty, the need for attuning to the AP's individual needs and employing techniques such as scaffolding, modelling, containment, a reflective space and providing/ receiving feedback for facilitating development. However, there were several novel findings which provide useful insight into the phenomenon of clinical supervision. Clinical supervisors provided a deep insight into the immense sense of responsibility in their role as supervisors, highlighting the complexity of this as they attempt to balance the competing demands of the client needs, service needs, the AP's needs and their own workload. The AP group highlighted the significant effect of power dynamics within their role, this was largely implicit but on occasions more explicit, participants demonstrated the impact of power dynamics on psychological wellbeing and the longer term impacts of how these experiences can be internalised and shape future practice. Both groups emphasised the importance of access to supports, in terms of being available to the AP whenever needed, access to one's own supports via peer support and the AP's ability to access other psychologists if necessary. The study also highlighted supervisors experience of AP's critical contribution to the effective service provision, reducing wait-lists, reducing wait times to intervention, and providing a broader range of interventions such as consultation clinics and group intervention. The study elucidated what is working well in supervision, the challenges faced by participants in their roles, unmet needs and highlighted areas for future consideration. A critical review of the

research process, as well as areas of strengths and limitations of the study, has been outlined. Important implications for clinical practice, education, policy and future directions for research have been identified and discussed.

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Appendices

Appendix A Information Sheet

Clinical Supervisors



“Understanding the Experiences of Supervision within an Irish Context”

Dear participant,

Research has demonstrated that supervision has the capacity to impact positively on the supervisee, by which they can advance and develop. Supervision is influential on the main developmental areas of the supervisee in the domains of skills acquisition, self-awareness and self-efficacy.

You are invited to take part in a study exploring your experience of supervision as a clinical supervisor of assistant psychologists under the new pilot AP scheme. The primary aims of the research is to explore clinical psychologists’ experiences of supervising assistant psychologist’s and assistant psychologists’ experiences of supervision, within an Irish context. The research aims to identify; comparisons of supervisor and supervisee experience of the supervision process, the benefits of supervision and what has worked well, unmet needs and the challenges experienced during supervision.

This research is being conducted as part of a PhD in Clinical Psychology thesis which is being carried out by Jenny Gavin, under the supervision of Dr Barry Coughlan.

We are hoping to hear from clinical psychologists who are supervising/or have supervised the assistant psychologist grade established in 2018. Each consenting participant will be required to take part in a semi-structured, one-to-one interview, lasting from 1 to 1.5 hours in length. All questions pertain to the participants experience of the supervision process. If you are interested in participating in the study, a time/date and location which is suitable for the participant will be arranged. All participants are required to complete a written consent form.

All participation is anonymous, and you can withdraw from the study at any stage. The interviews will be recorded with the use of a Dictaphone, transcriptions will not include any identifying information and pseudonyms will be applied. All audio recordings will be deleted once transcribed. If you are interested in participating in the study, please contact the research on the details outlined below;

Name: Jenny Gavin

Email: 09003904@studentmail.ul.ie

Kind Regards,

Jenny Gavin (PhD student Clinical Psychology)

If you require any other information regarding the study, please do not hesitate to contact.

Appendix A Information Sheet

Assistant Psychologists



“Understanding the Experiences of Supervision within an Irish Context”

Dear participant,

Research has demonstrated that supervision has the capacity to impact positively on the supervisee, by which they can advance and develop. Supervision is influential on the main developmental areas of the supervisee in the domains of skills acquisition, self-awareness and self-efficacy.

You are invited to take part in a study exploring your experience of supervision as an assistant psychologist under AP pilot scheme. The primary aims of the research is to explore clinical psychologists’ experiences of supervising assistant psychologist’s and assistant psychologists’ experiences of supervision, within an Irish context. The research aims to identify; comparisons of supervisor and supervisee experience of the supervision process, the benefits of supervision and what has worked well, unmet needs and the challenges experienced during supervision.

This research is being conducted as part of a PhD in Clinical Psychology thesis which is being carried out by Jenny Gavin, under the supervision of Dr Barry Coughlan.

We are hoping to hear from assistant psychologists who have/had taken up these new posts. Each consenting participant will be required to take part in a semi-structured, one-to-one interview, lasting from 1 to 1.5 hours in length. All questions pertain to the participants experience of the supervision process. If you are interested in participating in the study, a time/date and location which is suitable for the participant will be arranged. All participants are required to complete a written consent form.

All participation is anonymous, and you can withdraw from the study at any stage. The interviews will be recorded with the use of a Dictaphone, transcriptions will not include any identifying information and pseudonyms will be applied. All audio recordings will be deleted once transcribed. If you are interested in participating in the study, please contact the research on the details outlined below;

Name: Jenny Gavin

Email: 09003904@studentmail.ul.ie

Kind Regards,

Jenny Gavin (PhD student Clinical Psychology)

If you require any other information regarding the study, please do not hesitate to contact.

Appendix B Consent Form



“Understanding the Experiences of Supervision within an Irish Context”

Researcher: Miss Jenny Gavin, Clinical Psychologist in Training, School of Psychology, University of Limerick

Supervisor: Dr Barry Coughlan

Please read this page and sign where indicated below. There are two copies of this consent form: one is for you to keep and the other will be kept by the researcher.

- I understand that it is my choice to take part in this research.
- I understand that I will be asked to engage in a one-to-one interview which will be recorded for transcription purposes. I understand all transcription will be completely anonymised.
- I understand that the results of the study are being used by the researcher as part of a thesis study and may be presented at professional development events or published in a journal article, but that my name will not be used nor, will I be identified or recognisable in any of these.
- I understand this consent form and information sheet, have been given time to consider these, and agree to take part in this research.

Participant's Signature: _____

Date: ___/___/___

Please remember to keep the information sheet and a copy of consent form for your record.

Appendix C. Interview Schedules

Clinical Supervisors

1. Can you describe your experience of the supervising the AP's?
2. Can you describe the model of supervision, if any, that you use in your work?
3. Could you describe the form of supervisory training you received prior?
4. In what way do you feel this training has impacted on your supervisory role?
5. In what way, if any, have you had to adapt your approach to facilitate the AP's needs/level of development?
6. In what way, if any, has your role of supervisor impacted on your own role as a clinician?
7. Are there any particular elements which have aided and/or hindered your role as supervisor?
8. In what way, if any, did the relationship influence the supervision process?
9. In what way, if any, have you observed the AP develop as a result of the supervision process?
10. Could you describe any challenges you have faced in your role as supervisor?
11. If any ethical dilemmas/ conflicts arose, how have these been managed?
12. In what way, if any, has your role of supervisor been beneficial or a hinderance to you in your own work?
13. If you have supervised other staffing grades (for example trainees/basic grades), in what way, if any has that compared to supervising Aps – have you had to adopt a different approach?
14. Could you describe if there is anything that would have improved this experience?
15. In what way have you been dis/satisfied with the process?
16. Is there anything else you would like to discuss that we have not already covered?

Assistant Psychologist Interview Schedule

1. Could you describe your experience of supervision to date?
2. In what way if any, has the supervision you received impacted on your role as an AP?
3. What aspects of supervision has been benefitted you most in your work?
4. In what way, if any, has the supervisory process been responsive towards your needs?
5. In what was, if any, has the supervision facilitated your development as an AP?
6. How has supervision impacted on the way you work?
7. Could you describe the elements of supervision which have aided you in your role as an AP?
8. Could you describe the elements of supervision which have hindered you in your role as an AP?
9. In what way, if any, has the supervisory relationship impacted on your role as an AP?
10. In what areas of your work do you feel you have developed as a result of supervision?
11. Could you describe any challenges you faced during supervision?
12. If any ethical dilemmas/ conflicts arose, how do you feel these were managed?
13. Could you describe if there is anything that would have improved your experience?
14. In what way have you been dis/satisfied with the process?
15. Is there anything else you would like to discuss that we have not already covered?

Appendix D Extracts from Reflective Memos

02/03/2019

I met with a course director today to discuss alternative possible avenues for my research project after learning my initial proposal is not viable. I am feeling quite disappointed and uneasy as it has been really unexpected, and I am feeling far behind where I would have hoped to be at this point in time. We discussed at length the possibility of conducting research on supervision within a developmental context. I felt that given the AP scheme is novel within an Irish context and as of yet there is limited data available exploring the perspectives of those involved in the scheme, that this may make for a good research topic. I will work on ethics over the next two weeks and hopefully have a viable proposal ready for the next submission date.

14/10/2019

I met with my supervisor today to discuss the difficulties I am having with participant recruitment. I am feeling really frustrated and again a sense of unease as I am well behind where I had hoped and planned to be at this stage of the project. We explored the possibility of emailing all course directors of the Clinical Psychology training programmes in Ireland outlining the basis of the research project, attaching the information sheet and consent form and request they forward it onto their cohorts. Potentially 1st and maybe some second years would have been working as AP's under the pilot scheme. I am really hopeful this will help with participant recruitment. I am starting to wonder what else may be at play given the difficulties with participant recruitment.

18/11/2019

Finally, starting to see some success with participant recruitment. I am very concerned as numbers remain low and I am getting acutely aware that I will be moving to the UK in January which will make conducting interviews even more difficult. I have some more upcoming interviews with clinical supervisors following my email to my line manager requesting emails for those who have supervised the AP's under the new AP scheme. I am going to try and follow up with those I have not yet heard back from to explore their interest

in participating. On the bright side I am feeling much more confident when interviewing participants at this point, I feel they are taking on more of a conversational style and tone. I also feel reasonably confident that my questions will enable me to answer my research questions.

07/01/2020

Feeling really despondent. Received an email from a participant today from the AP group requesting that her data not be included in the study citing concerns pertaining to confidentiality. I have sent the participant the transcribed and anonymised transcript, but this did not help to alleviate concerns. I am beginning to pay greater attention to a possible underlying issue at play here. I realise that it is a fairly new formalised role within Ireland and maybe participants are fearful or concerned about how the information they have provided will be perceived by others? Will discuss this further with my supervisor and must discuss what low participant numbers will mean for the project.

10/02/2020

I am feeling a little bit more relaxed having spoken to my supervisor today. It has put my mind a little at ease regarding my low participant numbers and the need to account for this in the write up. Had some positive feedback on my first three chapters with some amendments to be made. Had some concerns regarding the literature review and my need to rely on psychotherapists lived experiences owing to the limited research available for clinical psychologists lived experiences of supervision- must rationalise and clearly explain this within the literature review and why I have done this. Really great to get some feedback and put some of the self-doubt to rest.

30/03/2020

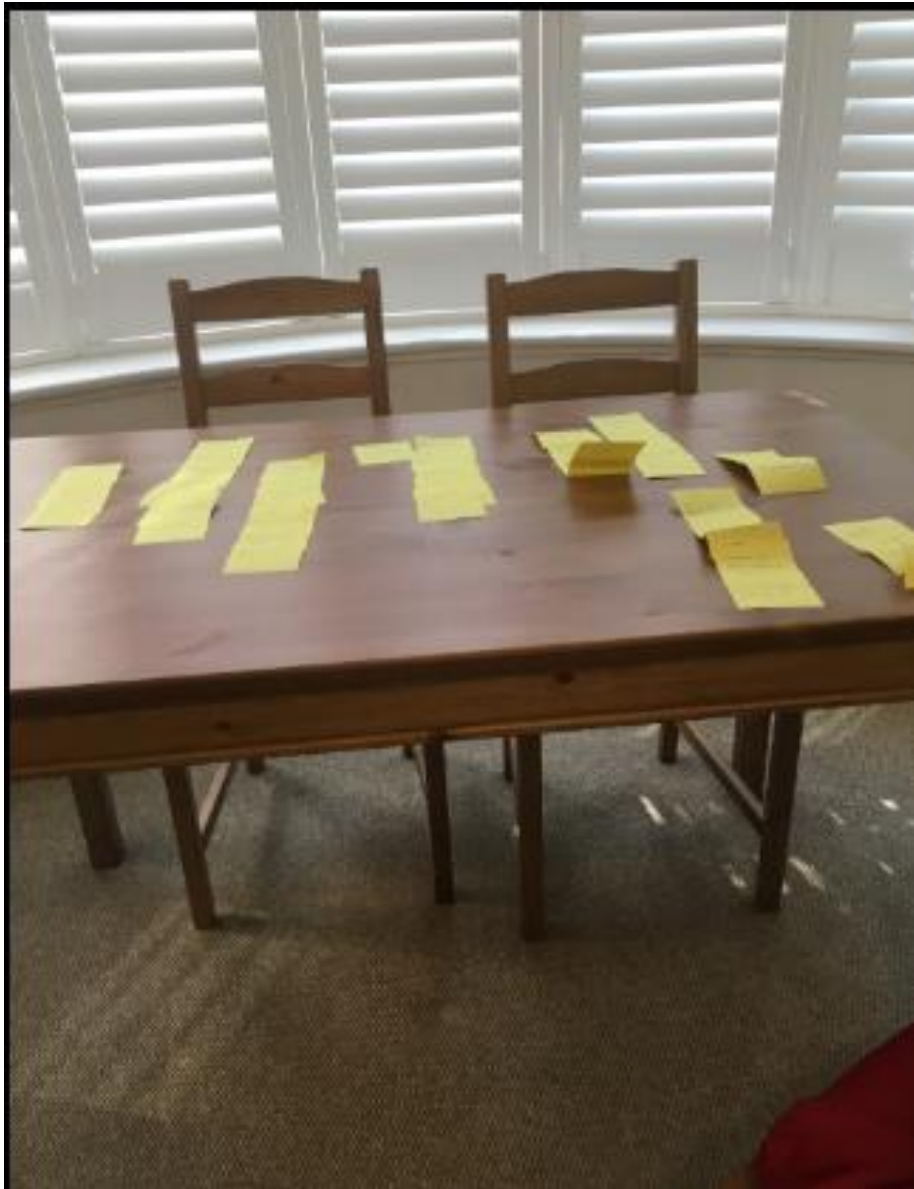
Really struggling to get my wordcount down to 30,000. Did a review of the literature section and I was able to take out a number of paragraphs there that in reflection were not absolutely necessary. Main difficulty at the minute is reducing the findings section, I feel the need to put in all quotes that support the theme which is frustrating me a little. I feel my need to put in all

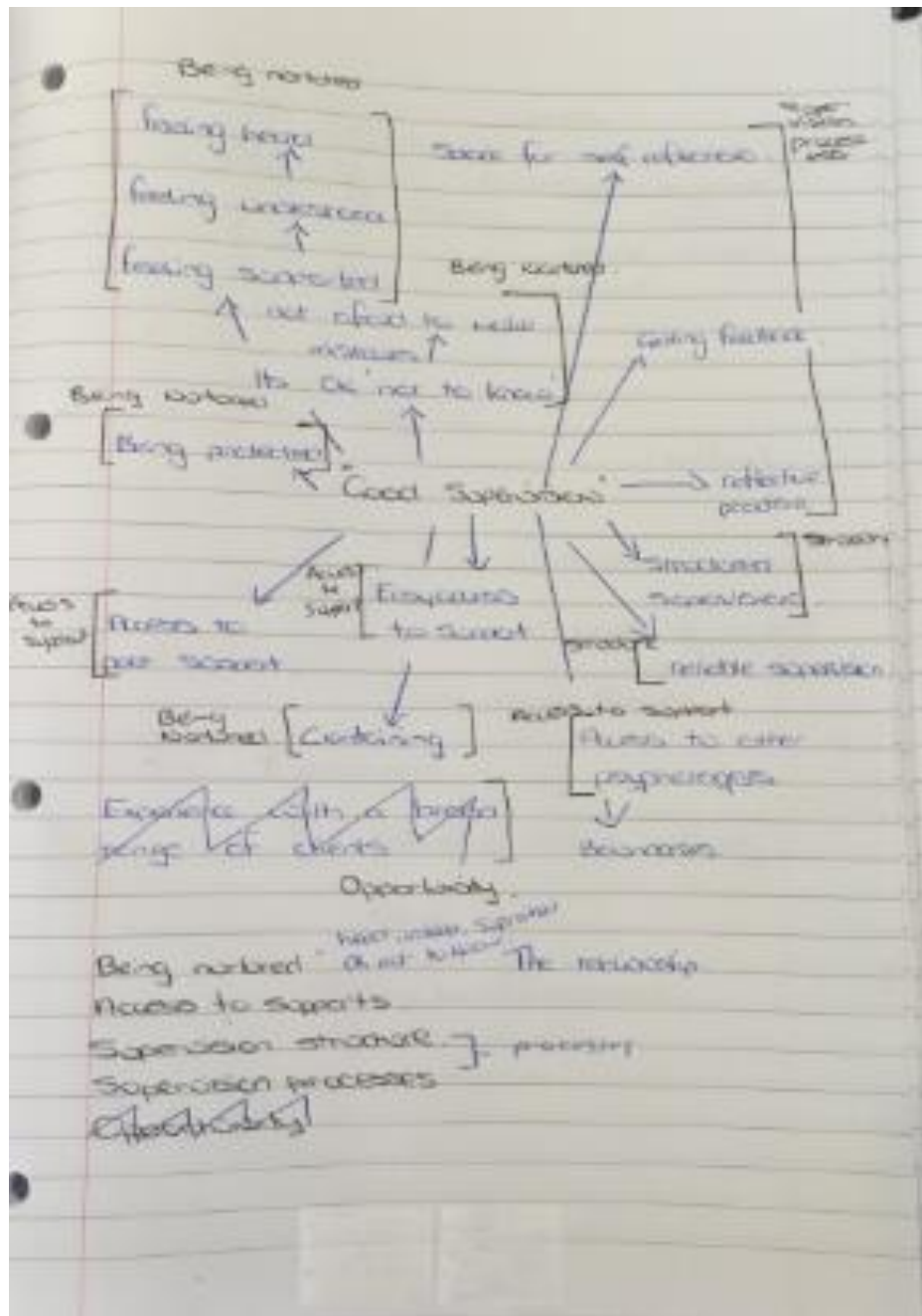
quotes might be driven by a desire to do justice to all those who participated and ensure their voice and experiences are heard. I am going to leave it for a day or two and revised with a clear mind. I am trying to refocus and trust the process.

Appendix E Examples of IPA Analytic Process

Emergent Themes	Transcript	Exploratory comments
<p>Past experience of supervising</p> <p>Training</p> <p>Contract</p> <p>Learning contract</p> <p>Career progression of AP's</p> <p>Individual needs of the APs</p> <p>Attunement</p> <p>Reviews</p> <p>Proximity of APs</p> <p>Access to supervisor</p>	<p>R: Can you describe your experience of supervising the AP's to date?</p> <p>I: OK, so the AP's arrived in March 2018 and a number came to this centre*, I was allocated some and my colleague was allocated some*. So I had done some supervisory training before that and I had also shared supervision in another service with a trainee. So, I suppose I set about meeting the AP's, setting up a supervision contract with them and something else I did was set up a learning contract with them. I think, just based on the knowledge... the aim of the AP project was to feed the AP's into clinical, so it is such a clear and specific focus so I felt that it would be a good idea to have this learning contract rolling alongside the supervision contract. So we devised that at the start and kind of referenced that against competencies from the University* and also I suppose where the girls experiences were and then where they felt they were weaker or where they wanted to gain more experience.</p> <p>R: yes, yeah</p> <p>I: Some AP's were strong on research, some AP's had more practical experience, so just taking that into account. So then we set up weekly appointments, stuck to that, reviewed the supervision contract after 6 months, reviewed it in 6 months again and kind of adjusted and tweaked as we went and that is what we are still doing but because I'm based here, like that AP's are in that room right next to me, accessibility to me was very easy.</p> <p>R: yes, so that sort of facilitated informal supervision a little bit?</p> <p>I: Completely. Yes and that has always been the case, I was going to say as time went on, but no that's really been the case from the beginning, you know they could email, phone or just come and</p>	<p>Aim to get APs onto a programme</p> <p>The supervisor was clear from the beginning that the goal was to get AP's onto a programme, this must have greatly informed how they engaged/supervised the AP. A joint goal.</p> <p>The supervisor engaged collaboratively with the APs to meet their needs and goals – must have been a validating experience for the APs</p> <p>Contract, reviews, flexibility</p> <p>Importance of proximity – this must have been containing for the supervisor in managing responsibility and knowing what is going on</p> <p>Access to supervisor</p>

Client welfare	knock or ask to meet anytime in between. <u>So</u> we did that. There was oftentimes we had to do that based on the kind of service we were doing or if child protection issues came up or in the parents support clinic that we run the girls devise a strategy letter for parents afterwards and they need to get that out within two weeks so they would always be reviewing that with me in between times, so there would be lots of that.	<u>Reflects an open environment from the get-go. Help reduce anxiety for all. Modelling and openness for APs to approach supervisor with any issues</u>
Boundaries	R: <u>So</u> it sounds like it was quite an open door kind of policy dependent on what was going on and it sounds like you very much adjusted dependent on what the AP's needs were?	<u>Review- reflects the flexible nature of the work and denotes adapting and reflecting</u>
How training informed practice	I: yes, yeah, tried to, with some, well with clear boundaries and trying to base the supervision on the training I had done and on best practise, you know? R: OK	Supervisor informed by training
Feeling anxious	I: But <u>yes</u> being flexible within that. R: And do you think that benefitted the AP's in terms of their development?	<i>Not strictly bound by rules and guidelines</i>
Pressure of new project	I: I think anxiety was high at the start, as you would expect, but maybe additionally because it was something new. And our anxiety was high too because it was a new project and we didn't quite know what it was supposed to look like.	<u>Must have been immense pressure – sense that outside parties are scrutinising the project and how everyone is doing. A sense of not knowing also – how was this managed?</u>
Sense of responsibilities	R: OK, I see yeah	<u>The supervisor has a good understanding of how to facilitate growth and development- must have been conscious at all stages that the end goal was to gain a training programme</u>
Being a container for APs	I: I suppose being aware that it was something new and trying to get to know the individuals and trying to be containing from the outset, I think that was of benefit to them because it allowed them to feel supported as they grew and learned and they did, they stretched themselves.	
Consideration for new APs	R: ok, very good, and you mentioned something important there the fact that it was so new, and it was a new grade really within	





responsibility
issues of making a business
cost-effective and efficient
- environmental issues of AI

Journey of growth

- AI for facilitating learning
- The relationship
- Being a customer
- Confidence + social acceptance
- Impact on the sector

Making the
world of AI

Some of responsibility

- Managing competing interests
- Managing uncertainty (to market)
- Just speed
- Protecting the AI
- AI + human

Challenges

- Time
- Resources
- Smart needs (big market)
- Trust

Future Consideration

- Needs of the market
- Ethical responsibility towards AI

